THE HOMEOPATHY BEYOND HAHNEMANN

Advances in Chronic Diseases

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In Memoriam
To the memory of

Christian Friedrich Samuel Hahnemann, who gave mankind the formidable power of curing through energy.

Clemens van Bönninghausen, whose prodigious collection of tropism and the peculiar modality of medicines which allows the cure of many patients.

James T. Kent whose Repertory pointed out simillimum to generations of homeopathic doctors.

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Those ignored experimentalists of Materia Medica Pura, of whose work we still profit today:


And those anonymous experimentalists:
Bds. H. Mb. Sch. W.
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“The Supreme Being has allowed me to discover, or I may say, He has revealed to me, the alleviation (mitigation) of mankind’s suffering”

Samuel Hahnemann, Köthen, 4/15/1827 (letter to his friend J. E. Stapf)

HAHNEMANN!!

He saw the sick in a totally different way. He believed in what he saw, although he was absolutely alone, and when he couldn’t go back one by one the secrets to CURE were being decoded. He didn’t keep them for himself. Even today he continues giving them to all who allow themselves to be illuminated by Truth.

HIS MESSAGE

“In the course of these investigations I discovered the path of Truth, path that I foresaw I must follow alone and very far from the great road followed by the traditional medical world.”

“Under no way do I demand blind trust and neither do I presume these truths to be understood. Neither do I understand them. It is enough that they are a fact and nothing else. It is only experience that avers so and I trust experience, before my own intelligence.”

“These truths pure and big shall be doubted for many years, even by homeopathic doctors and shall not be put into practice due to theoretical speculation and prevailing convictions”.

“I have felt it was my duty to make known to the world these great truths it needs so much, and it does not concern me if it is possible for mankind to correctly observe them or not”.

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INTRODUCTION

The first part of this book was written in homage to Samuel Hahnemann and his imposing work.

Its aim is to recover many discoveries and concepts of Homeopathy’s creator that were forgotten, others partly misunderstood or altered, and some scarcely ever put into practice.

It also aims to present in an ordered and revealing sequence the development of medical thought engendered by Hahnemann’s unique intelligence, whose legacy has not as yet given all its fruit.

It is also a short narrative of how Homeopathy strayed from its path due to inevitable human passions up to a point of difficult return.

The second part of the book is dedicated to all the chronically sick, assuredly that on account of the advances here noted, many may reach their cure.

It contains the advances reached in 15 years of labor in which clinics was correlated to experimental laboratory.

With the conviction that Truth has its own paths apart from human opinion, the findings and proofs here noted do not intend to convince anyone, as only facts illuminate truths. They are expressed with the hope they should be judged only by their clinical results.

This work was written hoping:

- to avoid the loss of these works
- arouse in other people passion to interrogate Nature, stimulating new research that increase the great art of healing, “the most sacred vocation among all”, according to the words of the Teacher.

The six new improvements in the treatment of Chronic Diseases

Most of medical works exclude going into the depth of the marvelous process of dynamization of homeopathic medicines, and above all the therapeutic significance of fundamental concepts therein implied, leaving a large conceptual vacuum.

Due to discoveries in Physics after Newton, and with modern laboratory techniques, those investigations aim to fill out this most important void in the art of curing via energy.

This book, therefore, contributes in establishing Magnitudes in homeopathic medicines, absent to date, and so necessary to evaluate and compare therapeutic results.

It is also the medium to communicate the finding of the optimal harmonic therapeutic Balance between the two fundamental homeopathic magnitudes, which allows through continuous treatment, with Multiple Doses to cure severe and old Chronic Diseases, taking into account the best entryway, the most convenient frequency of doses and make prescribing an art, not a routine.

In accordance with up to date Physics, it brings a new understanding of homeopathic Dynamization, as well as the medicine’s Energy Field and the significance of its expansion, which replaces the idea of simple dilution, which stops being an inactive agent and accessory and acquire an eminent dynamic power so fundamental as is friction.

It is also the communication of the creation of the first balanced homeopathic scale, that possesses the value of optimal Balance in all their potencies and as a result has a penetration that allows to reach the necessary depth to cure embedded Chronic Diseases with maximum tolerance possible, if employed as art.
The fifth advancement that is expressed are the conditions to carry out continuous treatment throughout the years, convinced there is no method more efficient for the cure and prevention of Chronic Diseases.

The sixth and last breakthrough is the development of a new method of medicinal impregnation which allows the treatment and cure of highly hyperreactive patients.

Finally, the second part of this book, the result of these years of research, is also meant to those doctors who follow this path opened by The Teacher.

Even today, to relate experimental laboratory to clinical observation opens wide territories that only wait to be explored, if the person who so does has a spirit devoid of prejudice as the “small child” referred by Thomas Huxley.\(^3\)

\(^3\) See quote in 1st page of Chapter II, 2nd Part of this book.
PART I

In search of the forgotten Hahnemann

The eight omitted concepts

• The accumulative character of friction and deconcentration.
• The Fundamental Disease or “the lost clue”.
• The new medicinal entryways.
• Multiple Doses. Discards Single Dose.
• Rejects using the Korsakov method.
• Medicine in solution increasing “degree of potency”. Discards dry medicine.
• Continuous treatment during months.
• Millesimal scale.
CHAPTER I

A bit of history. General concepts.

“Hippocrates, the Asclepiade, says that Nature, including that of the body, may only be understood as a whole”.

“Phedre” (Plato).

“... do not undertake curing the body without the soul... The great mistake of our times in treating the human body is that doctors separate soul from body”.

“Carmides” (Plato).

Towards the middle of the IV century B.C., Hippocrates, one of the greatest doctors of the West, considered diseases as natural and not divine, which brought about a deep revolution on account of its consequences:

“I shall discuss a disease called sacred [Epilepsy or Sacred Malady]. In my opinion, it is not more divine or sacred than other diseases, but has a natural cause and its supposed divine origin is due to man’s lack of experience and its peculiar character”.  

He also announced one of the principles he applied to his medical practice which was later extensively developed by homeopathy:

“By means of the like a disease is produced, and applying the like it is cured”.  

This principle rediscovered after almost 2000 years, at the beginnings of the year 1500 A.C. by Swiss doctor and alchemist Philipus Aureolus Theophrastus Bombastus von Hohenheim, self-named Paracelsus (1493-1541) who formulated the Latin adage “similia similibus curentur”, which means “The like is cured with the like”, which later became Homeopathy’s motto.

He averred:

“That which produces jaundice, also cures jaundice and all its varieties. Likewise, the medicine that will cure paralysis must come from what caused it and in this manner we practice according to the method of curing by arcane”.

Paracelsus affirmed that medicinal action is hidden “in the interior of the herb and the mineral”, which he called “arcane or quintessence”, foreseeing the nature and characteristics of the dynamized medicine, though employing esoteric methods:

“Arcane or quintessence is a thing’s virtue at its highest potency. The dose of this medicine is so small and light as to be unbelievable. It should only be taken in wine or something similar and always in a minimum quantity, due to its heavenly power, its virtue and its efficacy”.

He clearly stated that doctor’s work goes beyond diagnosis and treatment:

“Above all things mercy is most necessary, and must be innate in a doctor. Where love is lacking, there is no art”.

The same concept that Hippocrates had named Physis was later developed by the Belgian doctor Baptist van Helmont (1578-1644) who called it Vital Principle, stating:

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4 Hippocrates, “About the sacred malady”.
5 Hippocrates, “Book concerning what makes man diseased”.
8 Paracelsus: “Liber de Caducis”
“... governs the organism and may also sicken it”.

The idea that Vital Principle, as the sole capability to autoregulation and conservation, considering the organism as the best therapeutic agent was extended by German doctor Georg Ernst Stahl (1659-1734) who said:

“The simple truth is that man has the doctor in himself, that Nature is the doctor of diseases and offers the best ways to cure them than the most successful resources of our art”.

In 1771, Swiss physiologist Albrecht von Haller announced another fundamental pharmacological principle that hadn’t to date been developed as a system: “medicines must be tested in healthy bodies without having been mixed”.

Later, Paul Joseph Barthez, French doctor, consultant to Napoleon (1734-1806), who gave the concept of Vital Principle its due, as he considered a disease as an alteration of said principle and proposed the practical rudiments of the Law of Similarity, or Cure, averring that the doctor should base his treatment on “indications” he receives from the disease: if the patient has nausea, an emetic must be given, if he has colics, then e purgative, that is its alike.

At last, in 1796, German born doctor Christian Friedrich Samuel Hahnemann (1755-1843), who was then 41 years old, and was little known published in Hufeland’s newspaper an extensive paper, the result of six years of experimenting, titled: “Assay on a new principle to discover the curative power of medicinal substances”, in which he registered symptoms produced by many substances, which at the same time were capable of curing those same symptoms in a patient.

He announced in this publication the fundamental Law of Similarity or Cure in the following terms:

“To cure radically certain Chronic Diseases we must find medicines that produce a similar disease in the human body”.

Thus, Homeopathy was born in 1796, though conceived six years previously.

Hahnemann repelled the conjectural vision of the older medicine because he understood it went against the scientific method sustained by systematic experimentation he was imprinting on the new science:

“I will not remember here the madness of those old doctors who based curative qualities of medicinal drugs by their shape and colour, that is by the doctrine of the signs; who believed orchis cured sexual weakness because its roots have two bulbs grossly resembling testicles; the pumpkin should be of use in jaundice because it is yellow; Hypericum flowers efficacious in wounds because they produce a red juice, etc... I set aside all this childishness even though they are present in recent medical materia”.

According to Hahnemann, the doctor must interrogate Nature, observing in himself and in other healthy experimentalists symptoms that each sole substance produces in tests, as they are the same that cure the ill patient.

Having drafted: the Law of Similarity or Cure, experimentation of single medicines in healthy men as a way to know their curative capability, and the existence of the Vital Force, Hahnemann proved that it is possible to stimulate it by means of the method of Dynamization of medicinal substances.

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He called Vital Force what today we may understand as Biologic Energy, especially based on the gigantic developments in Physics, this is why it shall be expressed from now on with a more modern title.

This “vitalism” has no relation with that which affirmed that living matter obeyed different natural laws that ruled over inert matter, which was practically discarded by the end of the 19th century.

At present, “vitalism” in homeopathy recognizes in living beings the existence of a **Biologic Energy** that:

- **Organizes them in units that self-regulate and reproduce** (metabolic capacity, adaptation to milieu, genetic program).

- **Gives them the capacity to increase their energy and complexity by means of evolution.**
  (as they are systems open to the external milieu, they are not subjected to the second law of thermodynamics).  

- **Confers them new aptitudes in each level of integration** (the new aptitudes are not explained by the sum that belong to the integrated parts).

Its **final object is the expansion of life, and its extinction provokes the end of all organized biologic system.**

At the same time, **constitutes the only difference between a live being and a corpse.**

Therefore, Biologic Energy:

- constitutes health, if it is in balance,
- constitutes disease, when not in balance,
- constitutes the most powerful healing force extant when stimulated by a similar dynamized medicine, in order to recover its own order.

In short, excluding epidemic diseases, a disease is not “an entity that attacks the organism from with-out”, but it is the same person afflicted.

Szent Györgyi, Nobel prize in Chemistry, said:

> “My career has been like a descent from the highest dimensions to the smallest dimensions with the desire to understand what life is. In this way I passed from animals to cells, from cells to bacteriae, from bacteriae to molecules and from molecules to electrons. The irony of this story is that molecules and electrons precisely have no life. And here am I from now on obliged to retrace my steps to climb the stairs again, which I descended with great effort”.

This perplexity and disappointment is the outcome of searching for a material and visible structure that distinguishes living beings from unanimated entities, when there is only pure Biologic Energy that impregnates all.

We recognize it when by its power a determined level of complexity is reached, that self-regulates and reproduces, but we infer its presence in the depth of the most minute and unanimated particle.

Claude Bernard, father of physiology, testified on this Biologic Energy or “preexisting law” that organizes, puts in order and harmonizes the organism, when he affirms:

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“... [the processes] are subject and follow one another, according to a preexisting law: they repeat in order, regularity and constancy and harmonize in such a manner that they create the organizing and development of the individual”.

Moreover, Erwin Schrödinger, Nobel prize of Physics (1933) admitted that: “... we cannot expect that the “Laws of Physics”... are sufficient to explain the behavior of the live matter”. ¹²

It is noteworthy that Biologic Energy is proved not only by homeopathic practice, but also by allopathy, when it manifests this energy in some organs, as when performing an Electroencephalogram, an Electrocardiogram, or an Electromiogram, even though facing such evidence, allopathy does not recognize it as a general biologic energy, nor does it employ it as a healing medium. ¹³

Hahnemann completed the new medical system formulating another great homeopathic principle: The Doctrine of the Chronic Miasmas, particularly that of Psora, which turn out to be indispensable to cure Chronic Diseases.

Although Biologic Energy and the Law of Cure or Similarity and experimentation with single medicines in healthy individuals had already been drafted, when dynamization of the substances and the doctrine of a sole chronic disease or Psora (excluding venereal diseases) were added, Hahnemann developed these four notions, taking them to a level of therapeutic system, and established doctrinary norms to employ them in the practice of a true healing method.

He achieved the marvelous result of converting Biological Energy stimulated by dynamized medicine in the greatest curative force known.

All these concepts, systematized and developed, gave birth to a New Medical Science: Homeopathy, based on four fundamental pillars:

1. **Acknowledgement of the existence of a Biological Energy which organizes and maintains the organism as a unit, giving it adaptability.**
   
   Disease as an unbalance of this Energy.  
   Signs and symptoms as an expression of its suffering.  
   Lesions as its consequence.

2. **Possibility of stimulating Biologic Energy by means of Dynamization of medical substances, based on successive Friction and Deconcentration.**
   
   Each one of them becoming dynamized medicine and this, employed alone, without mixtures, constitutes a stimulus which bestows that Energy its own direction towards health.

3. **Law of Cure or Similarity, by which Nature is interrogated by experimentation with single medicines administered to healthy human beings, in whom they produce symptoms, which in the ill may be cured by those same dynamized medicines.**

4. **Existence of a Single Chronic Disease (excluding venereal diseases) that lies at the bottom of chronic sufferings, and which must be treated to reach a stable cure.**

Facing each non venereal clinical chronic state, the doctor should bear in mind he is facing only a fragment of that Basic Disease of Mankind, or Psora, and to cure each one of those fragments called Chronic Diseases he must employ those remedies which their nature have the power to reach the utmost curative depth, and these are the Antipsorics.

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Employing **Apsoric** remedies, which lack power in dealing with Chronic Diseases, only changes the mask with which this **Fundamental Illness** exhibits, cure is not achieved, although they may cure acute diseases.

He maintained that to provide stability to the cure of all chronic diseases (non venereal), before, during or at the end of treatment with **Antipsorics, Sulphur** must be employed, as it is the remedy that cures this **Fundamental Disease**, as in his research he proved that its symptoms coincided with those that this dynamized agent produced in healthy experimenters.

**Dynamization of substances** allowed the amazing achievement of stimulating Biologic Energy, and the idea of Chronic Diseases as a sole disease, which he called **Psora** (excluding venereal diseases), are discoveries that have no previous recordings and belong to Hahnemann’s intelligence, to whom mankind is indebted in gratitude.

### Law of Harmony

The Laws of Nature that have been formulated are in accordance with another one which was developing in the medical mind throughout time and states:

“There is no disease against which a remedy that cures it hasn’t been created and discovered.”

Analogically:

“For each particular disease, for each peculiar structure, there are particular remedies directly effective...”

This noteworthy **Law of Harmony**, not formulated as such to date, but true nevertheless, may be formulated thus:

“There is no anarchy or chaos in becoming ill, one gets ill in a way that there is always in Nature a substance that when dynamized and chosen by similarity is capable of curing”.

### The omitted clues

“That which we already know, frequently stops us from learning”.

Claude Bernard.

It is amazing that the homeopathic medical world hasn’t incorporated all the discoveries the creator of homeopathy had made in his last 15 years of life, which are of exceptional richness in treating Chronic Diseases.

It is surprising that these revelations of this unique genius of medical science should be wasted when precisely severe Chronic Diseases are impinging on mankind as never before.

This phenomenon may be explained in many ways, but the bitter fact is that this veritable treasure for our well being remains almost unknown.

It is therefore necessary to rescue it and then direct our steps beyond Hahnemann, following its own path.


His life was long and fruitful - as the epitaph he chose for himself describes it: “I haven’t lived in vain” -, the complete exploring of his discoveries will require many lucid minds and a lot of time.

In the words of Dr. Carlos A. Gutierrez, M.D., “Hahnemann is still too modern to be fully understood”.

Only by impassioned research and unprejudiced thought this sacred work of human knowledge may continue being built, that is to say: knowledge to cure.

**Summary of Hahnemann’s monumental work.**

In the 47 years that elapsed since Homeopathy’s birth (1796) to Hahnemann’s death (1843), two evolutive periods may be recognized; in the former, bases were settled for the new science, in the latter, its development and culmination.

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**Bases of the New Science**

The first evolutive period spanned 32 years from 1796 to 1827 included, and its five landmarks are:

1796. **Law of Cure**, published that year, yet conceived in 1790.

1799. **Dynamization of Substances**, discovered that year and exposed in 1801.

1810. **Homeopathic Doctrine**, developed in “Organon”, with three editions, until 1827.

1811. **Materia Médica Pura**, in which up to 1827 he studied 83 medicines, of 111 he experimented during his life.

1816. **Method to Prepare Homeopathic Medicines**. First scale: Centesimal.

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**Development and culmination of the New Science**

The second evolutive period spanned the last 15 years of his life, from 1828 to 1843, and brought about seven fundamental advances:

1828. **Doctrine of Chronic Miasmas or “the lost clue”,** developed in his work “Chronic Diseases”, particularly that of Psora, foreseen in 1816. **The importance of Antipsorics. Miasmatic Prescription.**

1829. **Discovery of New Routes for the Administration of Medicines. Inhalatory and Percutaneous.**

1832. **Multiple Doses. Abandons Single Doses.**

1833. **Tests and rejects Korsakov’s method. Erratic results.** On the path to a new scale.

1834. **Medicine in solution with an increase of “degree of potency”. Abandons the Dry Medicine.**

1837/38. **Continuous Treatment, during months.**

At the same time, Hahnemann continued developing his “Materia Medica Pura”, with 28 new medicines, and also his homeopathic doctrine, with three new editions of “Organon”: the 4th in 1829, the 5th in 1833 and the 6th in 1842, but only published in 1921.

Besides the first edition of “Chronic Diseases”, whose several tomes were published from 1828 to 1830, Hahnemann wrote a second version also in several tomes, which were published between 1835 and 1839.

The description mentioned above shows that present homeopathy rests primordially on the five principles of the first period, while the remaining seven, discovered and developed in the second, are habitually omitted, without noticing that the latter are the key to the devastation and suffering brought by Chronic Diseases.

How many times does the homeopathic doctor feel impotent facing an apparently irreversible course of many of these overwhelming sufferings, not knowing he has the means to cure them, and that they are precisely those which Hahnemann discovered in his last fifteen years of life!

The genius of this man was such, that generation after generation continue to explore and exhume as archeologists his vast and rich thought, in search of new clues.
CHAPTER II

The bases of the New Science

1. – 1796. Law of Cure.

“That which produces illness, cures.”
Delphic Oracle

In 1790, while translating the chapter on Quina in Cullen’s Materia Medica, Hahnemann suspected that this, as other substances that produce fever (strong coffee, pepper, arnica, Saint Ignatius’ bean, arsenic), would neutralize intermittent fever, and to prove it he took four drachma (approx. 3.6 mgs.) of Quina twice a day for a few days. He wrote down his experience as follows:

“… my feet and fingertips got cold; I began to feel weak and sleepy; later my heart began to palpitate, my pulse became hard and fast; intolerable anxiety and trembling; lassitude of the limbs; afterwards throbs in the head, redness of cheeks, thirst: briefly all the symptoms associated habitually with intermittent fever appeared in succession.

… In brief: all those symptoms which for me are typical of intermittent fever cropped up, such as sensorial dullness, rigidity of all the joints, but above all drowsiness, disagreeable sensation that seemed to be seated in the periosteum of all the bones of the body. These paroxysms lasted two or three hours each time and reappeared when I repeated the dose and in no other instance.

“I suspended the medicine and once again I was in good health”.16

Based on this experience, he supposed that the Peruvian bark, employed as a medicine for intermittent fever, acts because it produces similar symptoms to those of intermittent fever in healthy persons.

In 1796, after experimenting with several substances, he confirmed the aforesaid hypothesis and officially gave birth to Homeopathy in an extense paper called “Essay on a new principle to discover the healing power of medicinal substances”.17

As an outcome of this extraordinary work, product of six years of proof, Hahnemann had no doubts that an illness was cured by producing symptoms similar to it, and in this sense, said:

“In my addenda to Cullen’s Materia Medica [1790] I had observed that the bark [from quina] given in high doses to sensitive but healthy individuals, produces a true fever attack, very similar to that of intermittent fever and for that reason probably surpassed it and therefore cured it. Now after mellowing experiences, I add, not only probably but with absolute certainty” (underlined in the original).

In this mentioned work (1796) he expounded concepts which constitute the bases of a new curing system and are:

- There exists a capacity to react in all organisms that opposes the artificial medicinal illness, with which the cure is achieved.

- By means of this artificial medicinal illness induced in healthy human beings, the curative capacity of each substance may be discovered.

- Medicinal substances produce a primary effect and the Vital Force of the experimenter a secondary or reactive one, opposed to the former. To know the curative capabilities of a drug only the primary effects must be considered.

17 S. Hahnemann, “Lesser Writings”.
These experiments must be undertaken only on a healthy human body and with single substances (no mixtures).

For every illness there is one medicine that cures it.

He then announced his “axiom”

“In order to cure certain Chronic Diseases radically, we must search for medicines that can stimulate a similar disease (when more similar, the better) in the human body”.

From the discovery and proof of these concepts, the doors to an extraordinary new medical science were thrown open for Hahnemann. He was then 41 years old.

2. - 1799. Dynamization of Substances.

“All the countless diseases begin in the energy. The moment that there is an unbalance in the energy, any disease may crop up”.

Classic by the Yellow Emperor, 2700 B.C.

“A purely inert matter, a totally gross matter does not exist. All element of the Universe contains in a more or less infinitesimal degree, some germ of interiorness and of spontaneity, that is to say of conscience”.

Theillard de Chardin, “Vision of the past”.

Up to 1798, Hahnemann employed the medicine as was current in his time, that is employing massive doses. In the following examples, the daily quantities recommended by him, reached to 2.480 milligrams.

1796

For Dysentery

- child (9 months) 2 to 6 grains daily.
- child (4 years) 4 to 9 grains daily.
- child (6 to 7 years) 6 to 12 grains daily.

For Asthma

VERATRUM ALBUM 3 grains daily during one month.

For Postpartum Delirium

VERATRUM ALBUM 1 grain daily.

For other cases:

IPECACUANHA 5 grains.

ANTIMONIUM submuriate: ¼ grain daily.
NUX VOMICA: 8 grains daily.

1797

For Painful Bowels

VERATRUM ALBUM 4 grains daily.

1798

IGNATIA: 8 grains daily in adults.
COPPER sulphate: ¼ grain daily.
OPIUM: ½ grain daily in adults.
LEDUM: 18 to 21 grains daily.
CANPHORA: 15 to 40 grains daily.
CHINA: ½ to 1 drachma (3.6 mg).

Each Nuremberg grain, ancient weight employed by Hahnemann, was equivalent to the weight of a fat grain of wheat i.e.: 0,062 grams or 62 milligrams (see Glossary), that is to
say that doses were easily measured, but in 1799 he decided to experiment and reach the final limit: **find the smallest useful dose**, in order to avoid toxicity.

As the minute quantities he intended to employ could not be accurately weighed on his scales, he decided to dilute them in water and later fraction them, and aiming to homogenize these progressively smaller quantities in solution, he applied prolonged shakes to it during one, three, and up to five minutes in each of the successive steps of dilution.

But as the medicine so prepared continued to produce excessive effects, he diluted progressively reaching high deconcentrations, a procedure he had to repeat several times until achieving the desired effect: mild responses and at the same time curative.

Besides the innumerable accumulated shakings, the dilutions he achieved in 1799 are unbelievable for many, although low for present homeopathy.

Therefore **by chance he interrelated two processes that are: Friction and Deconcentration, in successive steps, producing a phenomenon of energetic impregnation unknown at the time, and even now not fully understood, which he named Dynamization of Substances.**

But what distinguishes genius is the ability to see.

Hahnemann knew he was facing a phenomenon that was lying dormant and had enormous therapeutic possibilities, as it awakened in the substances astounding medicinal properties.

The necessity of fractioning imponderable quantities made him dilute solutions, while the need to make them homogenous took him to apply many shakings. Thus, the succession of dilutions and shakings awakened a dormant capacity of Nature.

**Therefore, after only one year of using massive doses, for the first time and in a sudden manner the doses he recommended acquired an astounding infinitesimality.**

In his paper “Concerning the cure and prevention of Scarlet Fever”, published in 1801 but related to his experiences of 1799, that is only one year after employing massive doses, Hahnemann recommended amounts to which the present homeopaths are accustomed:

For Scarlet Fever: OPIUM

- For a child 4 years old: 1 drop of the fivemillionth part of 1 grain.  
  (one year previously, the recommended dose was 1/5 of a grain).

Also for Scarlet Fever: IPECACUANHA

- Small child: 2,000\(^{th}\) part of one grain.  
  (one year previously, the recommended dose was 5 grains).

For the 1\(^{st}\) stage of Scarlet Fever: BELLADONNA

- The 432,000\(^{th}\) part of 1 grain (intermediate between the 2\(^{nd}\) and 3\(^{rd}\) centesimal).

For Post Scarlet Fever sufferings: CHAMOMILLA.

- Small child: one drop of the 800,000\(^{th}\) part of 1 grain.\(^{18}\)

**Imperceptibly, Hahnemann crossed a frontier, and penetrated all of a sudden in the vast field of dynamized substances.**

In another essay of the same year (1801) and as a nearly hidden definition in a paragraph unnoticed by many, Hahnemann said:

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“... medicine does not act atomically but only dynamically...”

So, after only two years he understood the extraordinary phenomenon discovered by him which constitutes one of the cornerstones of the new medical science, to wit:

**Substances prepared by a homeopathic method, and by employing Friction and Deconcentration successively, do not act “atomically” in the Chemical field, that is “on the extent of their physical surfaces”, but in the Physics field “dynamically”, or by means of their energy.**

Habitually the tendency is to deny what is not known, therefore one does not easily admit the existence of something whose nature is new, and more so if it is related to the quotidian.

Contemporary doctors to Hahnemann did not understand the astounding emergence of a powerful energy of the substances subjected to the homeopathic method, and rejected what Hahnemann called “the amazing development of some dynamic energy” in the medicine.

There even were homeopathic doctors who cured precisely by that energy while denying its existence, as did Dr. Robert Ellis Dudgeon, who was the best translator of his work into English.

Nevertheless, this dynamic state of the medicine places it on the same energetic plane as that of Biologic Energy, which is evident by its capacity to produce an illness similar to the natural one and even stronger than it, and this in turn makes the cure possible.

**Therefore, Dynamization of Substances was born in 1799, probably the most extraordinary phenomenon that upholds Homeopathy and which without it nothing would have been possible, as it converted the homeopathic medicine into an energy able to cure by means of stimulating human Biological Energy.**

In this way, for the first time, humanity had at its disposal the formidable power to cure by means of energy.

Hahnemann clearly understood he was facing “an amazing development of some dynamic energy” in the medicine:

> “When one prepares a homeopathic medicine one does not limit oneself to dilute a small amount of medicine in a huge amount of fluid and mix it, at least lightly. On the contrary, shaking is necessary, whose rubbing makes the mixture more binding; what is more and is the main point, the outcome is an amazing change, the nature of which is to date unknown, in the development of some dynamic energy of the medicinal substance, subjected to this process”.

This fantastic finding was being ratified as time passed, and a few years later he proved that non medicinal substances, in their natural state, such as marine salt, coal, lycopodium, gold, silicon, lye and others, by means of this method of preparation turned into powerful remedies, and also risky poisons lost their dangerousness and took on extraordinary curative capacities.

In 1814, on account of the experience obtained in Leipzig from the typhus epidemic, brought about by the retreat of the Napoleonic army from Russia, Hahnemann had no doubts that “a dynamic energy” lies in a homeopathic medicine.

From then on he defined these medicines as “potencies”.

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Hahnemann capped the development of this unknown fact in the long note on the 11th paragraph of the 6th edition of Organon (1842):

“These medicines act upon our state of health... without transmitting material particles from them, in a dynamic way...

It is not in the material atoms of these highly dynamized medicines, nor in the extent of their physical surfaces ... where the medicinal energy under an invisible form resides.

On the contrary, on every small impregnated globule or in its solution, lies a medicinal force now bare, freed, specific ... and which acts with more force, the freer and more immaterial the energy has become, due to dynamization”.

A critical argument towards Homeopathy says that due to the lack of molecules, high dynamizations cannot have medicinal activity: “a medicine without medicine”.

This reasoning ignores that successive Friction and Deconcentration generate a phenomenon of energetic impregnation of the substances, which was already noted by Hahnemann:

Daily we hear that the homeopathic medicinal potencies are referred to as mere dilutions, but in fact, they are the opposite: it is a real dissociation of the natural substance from which surge and reveal the hidden specific medicinal powers contained in its interior, made manifest by rubbing and shaking. The aid of a selected non medicinal attenuating medium is merely a secondary condition.

The simple dilution, as the solution of a grain of salt in abundant water, makes the grain of salt disappear in it, but it will never turn it into medicinal salt, which by means of our well prepared dynamizations gets to develop a marvelous power”.22

Also, too frequently, emphasis is put on that infinitesimal doses is what distinguishes Homeopathy from Allopathy, whereas the difference lies in the dynamized state of the substances and not in their minuteness.

The clue is the dynamism or energy of the homeopathic medicine, and not its infinitesimalinity, as it is due to this dynamism that it is able to stimulate Biologic Energy, while Allopathic medicines do not have this capability.

The former acquire the capacity to stimulate Biologic Energy making it the therapeutic agent while the non dynamized medicine does not put into motion the biggest curative force known because it lacks this capacity.

In short: In Allopathy medicines act upon certain tissues, whereas in Homeopathy they act upon the Biologic Energy, stimulating it, in order that it be the means of curing the whole system.

To quote J.T.Kent:  
“Homeopathy acts in the world of causes, Allopathy in the world of effects”.

In reference to the notable activity of the dynamized medicine upon the Biologic Energy of the sick man, it must be said that when this energy is ill, due to the state of unbalance, it has an amazing avidity for the energy of the dynamized medicine that cures it by similarity. This avidity is called sensitivity.

Likewise in reference to that avidity Paracelsus said “illness wants the medicine that cures it like man wants woman”.

The particular sensitivity of the organism facing the dynamized similar medicine had been pointed out by Hahnemann in 1801, in his essay “On the power of small doses in general and of Belladonna in particular”, where in bold lettering noted that high doses are habitually inactive in a husky farm hand, and minute doses of identical medicine, in the same but sick man, may produce violent reactions if they are administered diluted in a great volume of water, at short intervals and shaking them for a long time.

It may be concluded that the dynamism or energy of the homeopathic medicine, as the dynamism that governs the organism or Biologic Energy are of the same nature, then both energies may interact.

This analogous nature is demonstrated by the capacity that the medicine’s energy has to provoke an illness similar and even stronger than the natural one, as has been mentioned.

The ill Biologic Energy reaches its equilibrium or cure only by the stimulus given by the energy of the same type of the homeopathic medicine, thus placing homeopathic medicine in a dynamic field to which allopathic medicine does not accede.

His unprejudiced lucid mind allowed him to discover this energetic character and reveal he was facing an unknown phenomenon of gigantic curative capacity.

3. 1810. The Homeopathic Doctrine. “Organon”

In 1805, Hahnemann published his extraordinary treatise “Medicine of Experience”, which was the matrix on which he based his doctrinaire masterpiece: “Organon”.

A conceptual summary of the first book allows us to discover the kernel of the doctrine:

- Certain acute contagious diseases, such as rabies, pest, yellow fever, smallpox measles, as they have the same origin, always preserve the same character and course.

[It may be said that in the acute contagious diseases, that always preserve the same character and course, one chooses the medicine of the disease]

- Chronic Diseases are always different to one another and in every individual, they may not carry individual names, their symptoms are all different, therefore their medicines must be chosen for their own symptoms and especially if they are peculiar.

[It may be said that in Chronic Diseases, as they have character and course according to each individual, one chooses the medicine of the patient].

- Presents symptoms are the means by which illness expresses itself and all the reason why the medicine must be chosen for the acute as well as for the chronic diseases.

- The most peculiar or singular symptoms are the safest in the choice of medicine.

- The norms to make the case history consist in knowing how to listen and to ask without inducing an answer.

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24 Idem former quote.
• If two diseases of different character appear simultaneously, the weakest is temporarily suspended by the strongest. When the latter ends, the weakest reappears.

• If two diseases of a very similar character appear at the same time, the weakest is definitely extinguished by the strongest.

• Diseases of parts of the body do not exist, the whole body participates.

• All dynamized medicinal substance by itself (without mixing) produces in the healthy human being its own unnatural specific disease, always the same and by this fact may cure, if it is similar to the natural disease.

• Medicines should be tested on the healthy human being and without mixing.

• In pathogenetic tests weak medicines have no effect on all healthy people, and yet they do on all persons when ill.

• Norms for testing medicines are enunciated.

• Law of Cure: if a medicine similar in its peculiar symptoms to the disease to treat is administered, cure is achieved.

• The curing capacity of the medicines lies solely in the primary symptoms they produce in the experimenter.

• The medicinal illness is always stronger than the natural illness.

• He quotes Hippocrates’ notable maxim: “By means of the similar illness is produced, and applying the similar it is cured”.

• Extraordinary enhancement of sensitivity in the ill body towards the action of the similar dynamized medicine given in minute doses.

• Mention of usefulness of any route of administration: oral, anal, percutaneous and inhalatory.

• In every illness, administer one medicine at a time, without mixing.

• In the course of treatment, any new symptom not present previously and not belonging to the disease, must be considered as a product of the medicine.

Five years later, in 1810, he published the 1st edition of “Organon”, when he established that only experimentation is the bases of Homeopathy:

“In the course of these investigations I discovered the path of truth, a path I intuited I had to follow alone and very far from the great route followed by the traditional medical world”.

“The more I advanced from truth to truth, the more my conclusions went further and further from the old system, which having been built on the outside of common sense, was sustained only by conjectures; therefore I did not allow myself to announce even one conclusion unless it were totally confirmed by experimentation…”

“The results of these convictions are written down in this book”.

Noteworthy concepts of each editions of “Organon”\textsuperscript{26}

\textbf{IN THE 1\textsuperscript{ST} EDITION (1810)} Hahnemann developed the Law of Cure via the similar medicine, he noted the importance of symptoms and promoted the use of Nature’s substances, even the toxic ones.

Though he recommended the use of small amounts of medicine, he did not specify the exact dose for each of these toxic substances, he was then violently criticized.

For having employed minute doses he was accused of bad faith and ignorance, therefore Homeopathy was rejected \textit{in toto} and was not understood by the most eminent doctors of the time.

In spite of these attacks, Hahnemann had understood, nine years previously (“About the cure and prevention of Scarlet Fever – 1801) that by the homeopathic method of preparing, medicinal activity was \textit{“dynamic”}, that is, of an energetic quality very different to the current allopathic medicines.

\textbf{IN THE 2\textsuperscript{ND} EDITION (1819)}, Hahnemann suppressed paragraphs referring to the usefulness of some slight intoxications when these have similar symptoms to the disease to cure, as those produced by Quina, Arsenic, Mercury, Elder flowers, Belladonna berries.

The drawback of this system consisted in not knowing similar toxic agents for the most frequent diseases and those known were not many (at present this therapy is still being used as in Apitherapy).

He also eliminated paragraphs referring to the employment of multiple doses in favor of the single dose, though this practice was reverted at the end of his life (1832).

\textbf{IN THE 3\textsuperscript{RD} EDITION (1824)}, he incorporated animal magnetism or Mesmerism as a theme, which he maintained up to the last edition.

\textbf{IN THE 4\textsuperscript{TH} EDITION (1829)}, “Organon” had already doubled the number of pages of the 1\textsuperscript{st} edition.

Chronic diseases were included for the first time: \textbf{psora, sycosis and syphilis}, and the need to treat them only with antimiasmatic medicines, pointing out particularly to \textbf{antipsorics}, in accordance with conclusions reached after 12 years of reflecting and experimenting, which he had published in “Chronic Diseases” the previous year. It must be noted that \textbf{apsoric} medicines may cure acute diseases, though they cannot cure psora.

For very old and entrenched diseases he promoted the percutaneous route, by friction on healthy skin, as a means to enter the body by the medicine, and not as a local treatment.

He enthusiastically advised on the use of the inhalatory route, and pointed out the small probability of causing a worsening of the condition, without losing depth of action.

He began to refer to a \textbf{“Vital Faculty”}, gross and not intelligent that acts as a curative force.

IN THE 5TH EDITION (1833), he denied that illness be a different entity from the disordered Vital Force.

He qualified this Vital Force as dynamic (Energy) and maintained that it could only be put into order as a consequence from the stimulus given by medicinal dynamism, as a result from the homeopathic method of preparing medicines.

Therefore, he pointed out that experiments should be carried out with dynamized medicines and not with untreated ones.

He stated that potency 30 of the Centesimal scale was the most appropriate for these experiments.

He explained the technique to prepare the medicines for the Centesimal scale, which was previously published for the first time in the Chapter Arsenicum Album of the 2nd volume of Materia Medica Pura (1816).

THE 6TH EDITION FINISHED IN 1842, one year before Hahnemann’s death, and published in 1921, contains fundamental notions and even astounding innovations made at the end of his life.

In it he developed a new scale to be able to accede to the highest dynamization of homeopathic medicines.

The Millesimal scale (or fifty millesimal) as the Centesimal, starts from the first three traditional triturations, that is to say from the millionth, to reach the extraordinary deconcentration of $10^{-147}$, and the accumulated sum of 3,000 succussions in its last potency, and it is by means of this tool one may accede to the cure of the deepest of Chronic Diseases.

“After many laborious experiments and counterexperiments I have found that the activity of the preparation thus achieved shows its maximum power and utmost gentleness, i.e.: it is the most perfected”. 27

In the 6th edition, the norms for preparing and employing medicines according to the Millesimal scale (paragraph 270) are totally new, as the instructions in the 5th edition refer to the Centesimal scale.

Pierre Schmidt summarized “the hidden treasures of the last “Organon” as follows:

- In the Millesimal scale one should start from the traditional first three triturations, i.e.: from the millionth.
- Preparing must be carried out in multiple flasks, rejecting the single flask system of Korsakov, who knew about it from 1829, that is 13 years previously.
- Medicine should be given in a solution.
- The “degree of potency” must be increased with the globule diluted in a great amount of water succussioning previously to every intake or dose.
- Potencies must be given in dynamizations of ascending progression.
- In Chronic Diseases medicine may be given continually, even for months. 28

At the same time:

Continued stating that in taking the case, all the symptoms present must be considered, and particularly the peculiar ones.

He continued promoting the Inhalatory Route, and the Percutaneous Route, pointing out their advantages, as he had been doing since the 4th edition of “Organon” (1829).

He definitely established the employment of the single medicine in paragraph 273, qualifying as “inadmissible” the administration of more than one medicinal substance at a time, rejecting without doubt the so-called “pluricist, complexist, drainage, alternative homeopathies” and others not based on the single medicine.

In this last edition Hahnemann warned of the danger of dynamizing machines that were then beginning to be designed, which after the millionth require flouting the rules, with the aim that the medicine be manufactured only in a fluid.

The Millesimal scale has a fluid phase and a dry phase in each potency, and does not allow the manufacture of medicine employing these dynamizing machines, unless the conditions of preparation are altered.

In short; the Centesimal scale and the Millesimal scale must be prepared in several flasks and manually.

The other most important innovation appeared from the discovery of the requisites that allow a continual treatment for months, indispensable to cure old and severest Chronic Diseases, which Hahnemann employed for some years previously, and will be developed later in this work, in the chapter “The Continual Treatment”.

The story behind the 6th edition of “Organon”.

All events have more than one interpretation; this is crystal clear in the history of the definite “Organon”, finished by Hahnemann shortly before dying, though he did not get to publish it.

His widow, marchioness Melanie d’Hervilly, who was 44 years younger than her husband, after his death, refused to publish the work, in spite of Böninghausen’s repeated insistence to do so. He was the other person who knew about its existence.

Hahnemann’s last discovery annotated in this work was the Millesimal scale, described as “that of maximum potency, the most gentle, and the most perfected”. Böninghausen knew about it, and had tested it with success, with the understanding of not making it known before its publishing, which was postponed due to the Franco-Prussian war.

Finally, Melanie Hahnemann put the manuscript up for sale, but the price tag she put on it was so high that those interested in it could not raise the money to buy it.

In 1880, a little after Melanie’s death, Hering, a pupil of Hahnemann, and father of Homeopathy in the United States of America, in a new attempt, could not obtain by subscription among his colleagues the required sum the heirs asked for.

Meanwhile, due to the need to reach high dyamizations by homeopaths and not knowing the norms established by Hahnemann to achieve them, on account of Melanie’s decision, Homeopathy veered its course to a point of difficult return.

Thus, methods were introduced for the making of medicines which Hahnemann tried to avoid, such as:

- Korsakov’s method of the single flask, which produces erratic deconcentrations.
The employment of dynamization machines which use Korsakov’s method, of
dissimilar design according to the inventor of each machine, which therefore
manufacture medicines that are very different one from the other, even though they
carry the same potency denomination and are sold as the same product.

The enormous mistake of arbitrarily producing an exaggerated number of succussions to
each potency – 200 and up to 300 per potency, in dynamizers currently in use.

As a consequence of this anarchy, the violent aggravations that were produced have
hampered the cure of many patients and at the same time helped to discredit Homeopathy.

At last, after the ending of World War I, thanks to the efforts and generosity of Drs.
William Boericke, Willis Ward and Richard Haehl, the manuscript of the last edition of
“Organon” was purchased (1920) and was published in German and English, in 1921 and 1922
respectively, after being almost lost for 79 years.

This purchase included Hahnemann’s mail, made up of approximately 5000 sent and
received letters, and nearly all of his clinical histories, from 1801 to 1843, in 54 large volumes,
at present they are being studied and translated at the Robert Bosch Institute for the History of
Medicine, Stuttgart, Germany.

When the legacy saw the light, the development of the Millesimal scale could be fully
appreciated, is was also the solution given by Hahnemann to accede to high dynamizations
without using Korsakov’s method of the single flask, nor the dynamizers that use this method,
their errors were already noted.

In the 6th edition of “Organon”, he annotated the discovery of the Millesimal scale, but
the unfortunate delay in its publishing, brought about by Melanie’s refusal to do so, veered
Homeopathy’s route, though as to balance this deed, it was precisely she, whom Hahnemann
called “my girl” the person who gave him those eight years of happiness during which he could
conceive that finding.

Hahnemann died at daybreak on July 2, 1843, and Melanie retained the body of her
husband for nine days, finally it was buried in the Montmatre Cemetery.

Some time later his remains were taken to Père Lachaise Cemetery, and on opening the
coffin it was noted his head rested on Melanie’s tresses.

4. – 1811. “Materia Medica Pura”

Materia Medica was published in six volumes, from 1811 to 1821, during the
Napoleonic Wars.

In that period, specifically from October 16 to October 19, 1813, while Hahnemann was
trying to register the action of the drugs, exclusively by experimenting, the booming of cannon
from the outskirts of Leipzig reached his home.29

Hahnemann criticized Materia Medica Alopatica of his time in: “Examination of the
sources of ordinary materia medica”, 1817, where he pointed out that the main source of
knowledge of the drug’s activity was conjecture and not experimentation.

On the other hand, registers of the effect of drugs in the human body, in cases of
accidental poisoning or suicide, were incomplete and of massive doses, which only gave an
approximate idea of their curing power.

During the current clinical use of medicines in treating the ill, to be able to separate the
disease’s symptoms from those produced by the administered drugs, was uncertain.

All of this convinced him of the truth asserted by the great Swiss physiologist Albrecht von Haller, that drugs should be tested on healthy persons, and one at a time (not mixed).

Therefore, Hahnemann’s aim was the immense and formidable task of creating a new materia medica, which he called Materia Medica Pura, determining with methodic seriousness the action of each drug on himself, his family and his pupils, a task that nearly surpasses the length of one human life.

These experiments on his own body gave him an intimate perception of the “spirit” of each substance, and for this reason he insisted that every doctor should experiment on himself.

In this manner he studied till the end of his life 111 substances that form the basis on which homeopaths of all the world work by.

Since then not many drugs were experimented methodically and systematically to be added to Hahnemann and his pupils’ work.

Numerous experiments carried out after his death, excluding exceptions, were not wholly systematic, incomplete, and in many cases thwarted the knowledge of the curing capacity of these drugs.

In the 5th edition of “Organon” (1833) he pointed out that illness (disordered vital force) and the medicine, are dynamic (energies) and that is why they may interact; and established not to experiment with raw substances, as he did years before, but dynamizing them to potency 30 of the Centesimal scale.

Materia Prima Pura, Hahnemann had for his practice, contained a limited register of curing capacities of each medicine, not only in the physical sphere, but also in the mental, and does not abound in descriptions of clue symptoms or peculiar ones.

Anyway, the 6 volumes of Materia Medica Pura are in themselves a homage to tenacity, observation capacity and Hahnemann’s passion at the service of the ill.

Different then is the present situation, as there can be no doubt that the inclusion of clinical proof to Materia Medica Pura, by homeopaths the world over, after the death of Hahnemann has been decisive for the complete knowledge of the medicines.

The primary effect.

In “Medicine of Experience” (1805) he clearly stated that: ‘every simple medicinal substance causes a peculiar and specific disease; a series of determined symptoms, which are not produced in exactly the same manner by any other medicine in the world”.

In this work he also remarked that peculiar symptoms are the surest for choosing the medicine, and the curative capacity of the tested medicines lies only in the primary symptoms produced in the experimenter.

When Hahnemann investigated the curing capacity of medicines, he proved that the first series of symptoms to appear were effects of the medicine on trial, and when these disappeared, the series of ulterior symptoms and opposed to the first were the reaction of the experimentator’s Biologic Energy and not a direct action from the medicine. He named them “primary” and “secondary” respectively, and concluded that to know the curative capacity of medicines, only the primary symptoms are to be considered.

“In the course of these investigations that have taken many years, I have made an important discovery. I have observed that experimenting on a healthy human being, medicines produce two series of symptoms; some appear immediately or a little while after the substance had been passed into the stomach or contacted some part of the body; whereas others entirely opposite, make themselves known shortly after the disappearance of the
former. I have ascertained that medicines provide lasting alleviation only in those cases in which there is a concordance between the symptoms produced during the first hours of their acting on the healthy human being and the symptoms of the disease one wants to cure.”

“...experimenting on healthy bodies with moderate doses of a medicine, we shall only note its primary action...”

“The more moderate the doses within certain limits of the medicine used for these experiments... the clearer will be the primary effects that develop and only these are the ones we are most interested in knowing...”

“The secondary action is not a product of the medicine, but invariability is the result of the body’s vital force working antagonistically”.

Without doubt, pathogenesis that erroneously register the primary as the secondary effect, as many books assert, mix the action of the medicine with the opposite reaction of the experimenter’s body, inducing to error.

Therefore, it is very important when testing a medicine to know its curing capacity, to only consider its primary effects.

Lastly, Hahnemann had pointed out that in metals and minerals such as arsenic, mercury, lead and others, primary effect declines gradually up to the reestablishment of the previous state of health, without any secondary effect to oppose it.

Antipsoric medicines. Peculiar symptoms.

Up to the announcement of the Psora Doctrine in 1928, to develop Materia Medica Pura, Hahnemann frequently experimented with medicines that later were called apsoric, and from then on principally with those called antipsoric.

The concept of antipsoric medicine will be developed later, nevertheless, it is important to say that the psora doctrine allowed him to discover medicines with the power to cure it, i.e.: antipsorics, and others without that power, i.e.: apsorics, though the latter have the power to cure acute diseases.

Therefore, starting from the psora doctrine, he employed medicines according to the character of the disease:

- For the Acute: apsoric and antipsorics.
- For the Chronic non venereal: only antipsorics.

As for the choice of medicine – particularly the antipsorics for Chronic Diseases, Hahnemann chose taking into account the peculiar symptom of the patient, be it physical or mental.

It is important to understand the word “peculiar” according to the majority of dictionaries belonging exclusively to one person, group or thing. In Homeopathy, as from its creator, it refers to symptoms that belong to the patient and not to the disease.

The peculiar or characteristic symptom must be a personal manifestation, be it a general, local, physical or mental symptom.

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To define an illness in allopathy, those symptoms common to all patients that constitute a determined clinical picture are considered, rejecting those not common or belonging to each of them.

The criterium is opposite in homeopathy, as the symptoms belonging to each patient or peculiar symptoms are privileged over those common to all, from which it is inferred that this is medicine of the person, whereas the other is medicine of the illness (excepting the case of acute epidemic diseases, in which the medicine may be for them, as was previously explained).  

As to mental symptoms, Hahnemann “did not give them the excessive weight they have today, as he did not refer to personality “types” to carry out this choice.”

“… He was not a mental prescriber as Kent and his followers …”

“… He considered mental symptoms if they were characteristic, and not only because they were mental”.  

The search for a similar medicine for the mental symptoms, though not peculiar or characteristic, a habitual practice at present, leads to frequent errors.

Lastly, it is pointed out that the clinical experience confirms every day that the circumstances of worsening and improvement as they occur, be they general or local, mental or physical, constitute the most exact peculiars to accede to the simillimum.

The nosodes

The nosodes are medicines that are obtained from human pathological products or from animals, or from illness transmitting agents.

Hahnemann rejected using them, a practice he called Isopathy, and in a letter dated at the end of 1833, sent to his best pupil Clemens van Bönninghausen, he wrote: “

“I agree with your opinion concerning the blind use of the so called isopathy and other not tested medicines, and our rejection of them will never be sufficiently strong”.  

And years later he added:

“If you do not want to expose yourself to regretful complications and deplorable worsenings, do not try to carry out the cure of the disease it produces by means of a PSORICUM [PSORINUM at present] – a human pathological product – as for example human itch, or its sequelae by the extract obtained from the itch vesicula of man”.  

Probably Hahnemann asked himself: or one chooses the medicine similar to the symptoms caused by the disordered body, or excluding it one chooses as a medicine the pathologic products of the body in that state.

No doubt Hahnemann enhanced the cause, that is the unbalanced body and its symptoms, and rejected the effect which are the pathologic products.

This opposition to the employment of nosodes was also founded in the lack of adjustment to the homeopathic doctrine, due to the decisive weight that in the choice of medicine the similarity with the disease has over the similarity of the symptoms, which goes against the Law of Cure.

34 See subtitle: 1810. Homeopathic doctrine “Organon”, Chapter II.
5. – 1816. Method of preparing homeopathic medicines.

The Centesimal scale.

In 1816, in the Chapter on ARSENICUM ALBUM, of the 2nd volume of Materia Medica Pura, made known for the first time the Centesimal scale, briefly describing its preparation.

Later, he explained it in detail in the 1st edition of “Chronic Diseases”, 1828, afterwards in the 5th edition of “Organon”, 1833, and in 1835 more thoroughly in the 2nd edition of “Chronic Diseases”.

Though before 1816 Hahnemann employed what in those times were high dynamizations, the truth is that medicines rarely surpassed the equivalent to 15 Centesimal potency.

It was then that, as the procedure to prepare the Centesimal scale was systemized, three points cropped up:

a) The optimal potency to employ with each medicine, for any illness.
b) The dose or amount of medicine in each intake
c) The amount of shakings given to each potency throughout preparation.

In his essay “On prevailing fever “ (1809) he advised using:
- NUX VOMICA in a potency equivalent to the 9th Centesimal.
- ARSENICUM ALBUM in a potency equivalent to the 18th Centesimal.

Later (1814), in his work on typhus recommended:
- BRYONIA and RHUS TOXICODENDRUM, in a potency equivalent to the 15th Centesimal.
- HYOSCIAMUS in a potency equivalent to the 10th Centesimal.

He also proposed other potencies for the use in each medicine, which he qualified as the most appropriate for any illness.\(^3\)

Finally in 1828, when he announced the Doctrine of Psora in “Chronic Diseases”, HAHNEMANN unified criteria and pointed out that potency 30 Centesimal as the most convenient to employ with all medicines for any disease, a concept he ratified in the 5th edition of “Organon” (1833).

He continued with a constant tendency to employ more dynamized medicines, because despite the progressive decrease of the amount of substance, its capacity to stimulate the Biologic Energy, that is, its dynamism, was every time larger, therefore its curative capacity increased, as he explained in the 4th edition of “Organon” 1829.

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b) As to the amount of medicine per intake, though in the 1st edition of “Organon”, 1810, he did not indicate recommended doses, “because as small as a dose may be, it will be stronger than the natural disease and will vanquish it”, later his advice was as follows:

- Till 1816 and even somewhat later, the employment of one drop, and less frequently several drops.

  From 1816, and probably previously, of one globule impregnated with the medicine, and sometimes of one drop (rarely several).

  Hahnemann’s employment of lactose globules impregnated with medicine began around 1813.39

- From 1828 in his work “Chronic Diseases” and from then on, only one globule the size of a poppy seed, always in the potency 30 Centesimal for any disease.

c) As to the shakings given during preparation for each potency, it is important to make clear that this term is employed for the Centesimal scale, as for these preparations Hahnemann would give a vigorous shaking with the arm that held the flask, taking it from the contralateral shoulder to the homolateral leg. Later when he prepared medicine in the Millesimal scale, he applied succussions or knocking the flask against a leather bound book or similar surface.

  For the Centesimal scale, Hahnemann indicated 10 shakings per potency; when he ascertained that that amount of shakings worsened the patient, he considered them excessive and decreased them to 2 per potency, in this manner the worsenings were avoided.

  Later, when employing Multiple Doses and having discovered the better tolerance to medicines diluted in a “large amount of water” and “shaking well before every intake”, procedure he called “degree of potency increase”, he returned to his first indication of 10 shakings per potency, which he registered at the end of the theoretic part of “Chronic Diseases”.

  Summing up: to prepare in Centesimal Scale he recommended 10 shakings for every potency.

  In 1829, Korsakov proposed to simplify Hahnemann’s method to prepare homeopathic medicines in the Centesimal scale, and he based his assumptions on the hypothesis that the current use of several flasks could be replaced by only one.

  Korsakov’s method was widely employed because it may be adapted to dynamizing machines, but it produces erratic deconcentrations.

  At the beginning, it seemed Hahnemann gave it his approval, but after assessing during several years he was not satisfied with it, as there is no mention of this method either in the 5th edition of “Organon”, nor in the 2nd edition of “Chronic Diseases”, 1833 and 1835 respectively.

  Analysis of the single flask system created by the Russian researcher shall be enlarged in the chapter: “1833. Test and rejects of Korsakov’s method”.

  When the need to count on very high dynamizations further than 30 Centesimal was evident, and due to the impossibility of employing hundreds of flasks, Hahnemann did not turn to the dynamizing machines based on Korsakov’s method, he met the challenge creating the Millesimal scale, hand made, systematic, trustworthy and of a deeper activity, explained in the 6th edition of “Organon”.

  Currently, this scale constitutes a uniform method for all laboratories and apothecaries, and clearly surpasses Korsakov’s method, which besides being erratic in its effects, produces different medicines according to the dynamizing machine employed.

39 R.E.Dudgeon op.cit. Lecture XVIII.
The Millesimal scale has been then the solution that the creator of Homeopathy delivered to the need of going beyond the 30 Centesimal, and with it every stimulus or dose reach deeper than previously.

Lastly other five points to be solved in the future, according to experience, remained, and shall be examined later; that are:

- The administering of a medicine: dry or diluted.
- The choice of Single or Multiple Doses, and in the latter case, according to acuteness or chronicity of the disease, the interval between them.
- Duration of treatment in Chronic Diseases.
- Administration of medicine by other routes, besides the oral route
- The choice of potencies in increasing or decreasing progression.

The cumulative character of friction or shakings and of deconcentration or dilution.

As was previously referred to, when Hahnemann conceived the Centesimal scale, he considered 10 shakings per potency as excessive, when he ascertained the worsening the medicine in this manner prepared brought about, he therefore decreased them to 2, this way he obtained good tolerance and curative capacity, as he announced in “Chronic Diseases”.

Although later, increasing “the degree of potency” he could apply again 10 shakings per stage, it is noteworthy that **the importance he gave to the fact of giving 2 or 10 shakings per potency, only becomes understandable if their character of cumulative is taken for granted**, as is proved in the final Hahnemann’s 30 potency Centesimal as in the first case the accumulated shakings add to 60, and in the second 300.

Only multiplying shakings by the number of potencies is when the significant values are evident.

Therefore, **Hahnemann assigned an enormous clinical importance to this concept, as it is the intensity of the medicinal activity, generated by friction, which increases cumulatively by the summation of shakings.**

As shall be seen later on, deconcentration or dilution also possess this quality.

In his paper “How can small doses of those very weakened medicines employed in homeopathy still possess great value?” (1827), Hahnemann warned of the danger in applying to the medicinal preparation more shakings per potency than those indicated, and gave as an example, if a child with whooping cough were given a dose of Drosera 15 Centesimal, prepared with 20 shakings per potency, the worsening that would follow would put at risk the life of the patient, and a dose of Drosera 30, prepared with 2 shakings per potency, the curative effect would be mild.

Hahnemann did not develop this concept, and even if it does sound rather incomprehensible, the explanation lies in **conceiving the intensity given by friction as the addition of the received shakings in the considered potency.**

<table>
<thead>
<tr>
<th>Potency</th>
<th>Shakings per potency</th>
<th>Accumulated Shakings</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>20</td>
<td>300 (15 × 20)</td>
</tr>
<tr>
<td>30</td>
<td>2</td>
<td>60 (30 × 2)</td>
</tr>
</tbody>
</table>

37
This figure shows that the danger alluded to lies in the excess of accumulated shakings, received by the medicine in the considered potency - 300 in the first case and 60 in the second - and demonstrates the cumulative character he assigned to it and its fundamental incidence in clinical medicine.

We must bear in mind that pharmacopoeiae of several countries indicate for the Centesimal scale 20 or more shakings per potency which results in an accumulated final of 600 or more shakings instead of 300, with its very bad consequences.

Another unequivocal proof of the importance Hahnemann assigned to the cumulative effect of succussions is clearly stated in this warning:

“When the medicine has been consumed, and it is necessary to continue with same, if the doctor wishes to prepare a new portion of the medicine, with the same degree of potency, he must give the new solution as many succussions as the sum of the amount of succussions given up to the last dose of the former solution - sum that expresses the totality of succussions given – and also he shall give a few more, before extracting the first dose of the new preparation.”

The above mentioned shows the extraordinary clinical value Hahnemann assigned to the accumulation of shakings or succussions in the considered potency. Deconcentration or dilution has the same cumulative character, as will be seen in the Second Part, Chapter III, “The question of magnitudes”.

This enormous therapeutic significance of the cumulative character of shakings or succussions lies in the fact that friction generates and adds intensity, giving medicine concentrated energy, determining that the consequence of its activity be mildly curative or of a “furioso violence”, according to Hahnemann.

It behooves then to rescue this concept, as it was totally ignored after being announced by the Teacher.

As a proof of this ignorance, one must not be amazed that at present, dynamizing machines, employing Korsakov’s method, apply 200 and even 300 succussions per potency, that is: that the final result is a medicine which in the current centesimal potency 30 has 6000 and 9000 accumulated succussions respectively, whereas in Hahnemann’s Centesimal the accumulated shakings reach 300.

Such procedures explain the violent aggravations that are observed in every day practice, and these showings prove the accuracy of Hahemann’s warning.

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CHAPTER III

Development and summit of the New Science.

1 - 1828 Doctrine of Chronic Miasmas. “The lost clue”.

“The nature of all diseases is the same. They only differ in their location; their essence is one, the same as the cause that produces them”.

Hippocrates.

“Great knowledge sees all in one. Small knowledge extinguishes in multiplicity”.

Chuang Tzu.

From 1828 to 1830, Hahnemann published one of his fundamental works: “Chronic Diseases”, of which between 1835 and 1839 he wrote a second edition.

He announced the Doctrine of Chronic Miasmas in it an made known the discovery of the Psora doctrine, or “the lost clue” to be able to cure Chronic Diseases.

“These last four years I have strained night and day to discover the lost clue, and therefore find the means to extirpate the old Chronic Diseases.

Through thousands of experiments and experiences, as from unceasing meditations, I have finally reached my goal.

... invaluable discovery, whose value for humanity surpasses all I have ever discovered and without which all present homeopathy would remain incomplete or imperfect.

Psoric disease

After 6 to 14 days of having been in contact with a person carrier of what Hahnemann called Miasma of Psora, or even from contact with clothes contaminated by the transmitting agent, a transient febricula and an eruption of very itchy vesiculae appears on the skin.

These minute blisters at the onset contain a transparent fluid, later purulent in its acme, and when scratched they tear producing a peculiar odor.

The eruption is intensely itchy, very characteristic, it is impossible to avoid scratching, which elicits a pleasing or voluptuous feeling, after which there is a burning sensation that is habitually suppressed by external applications.

This apparently inoffensive skin eruption accompanied by transient fever points out that the interior of the body has been totally invaded by an energy capable of disordering the Biologic Energy at such depth, that the produced unbalance only requires time to show its grave consequences, as it is invariably progressive, and by its nature, incurable, unless it be treated with dynamized medicines. He described this unbalancing energy of the Biologic Energy, likening it to “the energy of a magnet”.

The external manifestation is of such innocence that it seems almost impossible to relate its appearing with the diseases which crop up years later.

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A thorough questioning of persons with excellent memory allow to relate that innocent eruption to the ulterior apparition of severe Chronic Diseases.

Other times, forgetfulness, or having received the evolving unbalance through heredity, hampers this relationship.

Besides being able to acquire them, Hahnemann affirmed that chronic miasmas may be inherited:

“... the disease [chronic miasma] received through infection or through heredity...”  

and further on:

“... psora – that producer of the majority of Chronic Diseases – which human beings receive through heredity ...”

Its natural history sometimes spares more than one generation, and explains that it begins in one person, evolves in his son and produces, for example, a cancer in his recently born grandson.

Hahnemann also considered the non epidemic acute diseases as exacerbations of this disorder, or as “flames detached from the bonfire of a latent psora”.

“... acute diseases ... are generally transient explosions of the latent psora which will soon spontaneously return to such a state if the acute disease is promptly overcome and does not attain an excessively violent character.”

Homeopathic doctors who treat patients having vigorous Biologic Energies see many a time, during treatment, as the older layers of the disorder are being cured, the cropping up of this intensely itchy exanthema.

The appearance of this pruriginous eruption in the oldest of symptomatic layers confirms that it was present at the onset, as cure runs in the opposite sense to the evolution of the disease.

This deep unbalance requires Sulphur, or Hepar Sulphur to be cured.

These bouts of such peculiar pruritus prove in the daily homeopathic practice, the ancient origin of this severe disorder of Biologic Energy.

This “chronic miasma of psora” was considered by Hahnemann as the cause of nearly 90% of chronic sufferings and their havoc: “seven eighths [7/8=88%] of all chronic ills grow exclusively from it...”

The word Miasma (from Greek “miainein” = to stain, to corrupt) in Hahnemann’s time, previous to the Microbe Theory, referred to the atmosphere which contained the contagious agent enveloped the sick man and had the capacity to transmit the disease. For example: for small-pox, it was assessed that the atmosphere that contained the contagious agent spanned a little over 4 meters (by extension also the atmosphere containing the contagious agents in contact with swamps or putrid organic matter, capable of transmitting diseases).

45 S. Hahnemann, op. cit, note to paragraph 284.
The following words had these meanings for the creator of Homeopathy:

- **Miasma:** transmitting agent of acute and chronic diseases.
  An unbalancing energy of Biologic Energy similar “to the energy of a magnet” (excluding epidemic diseases).

- **Acute miasma:** acute disease produced by this agent of transient character and tending towards spontaneous cure.

- **Chronic miasma:** chronic disease produced by this agent of permanent character, does not tend towards spontaneous cure.

The microbe theory was unknown during Hahnemann’s lifetime, as Pasteur’s extraordinary work on the infectious disease of the silk-worm and its conclusions, as his later experiments in which he announced his “theory of the germs of the disease”, were made more than 20 years after Hahnemann’s death.

But Hahnemann intuited with astounding anticipation the concept of “contagious principle” as a vehicle capable of transmitting epidemic diseases.

Thus, referring to cholera’s etiology, said in October 1831:

“*Born in the warm swamps of the Ganges, millions of minute living creatures ...*”

[are the carriers of cholera].

Hahnemann classified the acute miasmas in two categories, according to their origin:

- **acute epidemic miasmas** acquired through a “contagious principle”, which today could be equated to a microbe or virus infection.

- **non epidemic acute miasmas** or chronic miasma of psora becoming acute, which were described as “flames detached from the bonfire of latent psora”

He also classified chronic miasmas according to their origin as:

- **acquired chronic miasmas.**
- **hereditary chronic miasmas.**

Also, according to their state as:

- **latent chronic miasmas.**
- **active chronic miasmas.**

He considered that in a state of health, chronic miasmas are latent, and illness occurs when they leave that state and become active.

In his work “Chronic Diseases” 1828, Hahnemann thoroughly described the **Doctrine of Chronic Miasmas**, which comprised syphilis, sycosis and psora. He particularly considered psora as being the cause of nearly almost 90% of Chronic Diseases of mankind, though in 1816 he already made a note of it in his work “About the venereal disease and its inadequate

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treatment”, where he anticipated the basic concepts of the doctrine he later developed in 1828, though he had not called it psora at that time.52

He pointed out that the elimination of the external manifestation of this chronic miasma without its internal cure, could produce illness, such as phthisis, asthma, insanity, edemas, apoplexy, blindness, paralysis and at times sudden death.

In short, it may be affirmed that there is only one chronic disease (excluding venereals), and all the manifestations attributed as belonging to several independent diseases are only fragments of that sole illness expressed in multiple ways.

The cure of this disease occurs in an opposite way to the appearance of its manifestations, and all these may end in a pruriginous eruption, the same for all and equal to that which appeared at the onset of each one of them (except the inherited psora), which proves they are only fragments of a sole fundamental disease, or psora.

Errors and confusions concerning the concepts of scabies, miasma and psora.

The first confusion. Scabies.

The first confusion which gave birth to enormous and regrettable errors was due to the fact that “krätze” in German and “itch” in English not only refer to scabies, but also to pruritus or pruriginous eruption.

Many authors took the word as meaning the disease produced by the mite (order acarina, genus acarus) therefore erroneously considered that scabies was the cause of psora, whereas Hahnemann referred to the other meaning, that is, a most pruriginous eruption, as the cutaneous manifestation of the psora disease.53

Hahnemann knew scabies and its cause very well, the ploughing mite, as in 1792 that is 36 years before announcing the psora doctrine, he wrote in the Anzeiger Magazine of Gotha:

“The itch itself does not consist of emanations or of congenital or acquired acridities, neither is it due to an alkaline or acid condition of the blood; but it has its origin in small living insects or mites, which take up their abode in our bodies beneath the epidermis, grow there and increase largely, and by their irritation or their creeping about cause an itching; and owing to the afflux of humours thereby produced give rise to a multitude of vesicles, which, on being rubbed, or when the thin watery fluid they contain has evaporated become covered with scabs. This is not an opinion adopted in order to get ride of a difficulty, but its is based on experience”.

Then:

“The cause of itch given above is the only true one, the only one that is founded upon experience. These exceedingly small animals are a kind of mite”.54

Richard Haehl, homeopathic doctor and his principal biographer, affirmed at the foot of this supplement:

“This shows clearly that Hahnemann meant something very different by his “psora” from the ordinary itch, with which he has been acquainted for a long time”.

The following evidence is conclusive:

- Referring to psora in his very extense written work, Hahnemann never referred to the acarus as it cause, in spite of knowing it very well and having described it years before

52 “Allgemeiner Anzeiger der Deutschen” (1816) reprinted in “The lesser writings of Samuel Hahnemann”
53 Jorge Torrent was the first to show the error in the meaning of the word.
the creation of homeopathy, but he did point out as a cause of psora an “infection”, considering as such an invasion of the body by an unbalancing energy of the biologic energy “a dynamic effect, neither material nor mechanic... as the energy of a magnet”.55

- In addition, Hahnemann never referred to tunnels visible through the skin, which at their end there is a minute protuberance where the acarus lodges. In the numerous pages he wrote on psora, he did not ever make one reference to the parasite or to “the small living insect or mite”, as he described it in 1792, or to its tunnels.

- In “Chronic Diseases”, 1828, Hahnemann affirmed that herpes, impetigo, ring worm, milk scab may infect psora. They have no relation whatsoever with scabies’ acarus, but evidently they all have rashes with the same characteristic and intense pruritus which proves their psoric nature, and thus their capacity to transmit it.

- The disease produced by Sarcoptes Hominis or Acarus Scabiei, is called “sarna” and “escabiosis” in Spanish; “jucken” and “krätze” in German, and “itch” and “seabies” in English. If to name the unbalance causing almost 90% of chronic diseases Hahnemann needed the new name of psora, it is because it had no relation to the acarus’ disease, as there already existed more than sufficient names for the latter.

Evidently psora was for him another illness, entirely different from the mentioned parasitic disease.

- Lastly, as psora and scabies are two non related different entities, it must not call our attention that chronic psoric diseases continue increasing, while scabies is disappearing.

Therefore, Hahnemann could never equate psora to scabies, so it was evident he used the word in its other meaning, that is as pruritis or pruriginous eruption.

So then the questions arise:

How can the Psora Doctrine be rejected “in toto” alleging that it would be absurd to make the acarus accountable of all the non venereal Chronic Diseases in man, when Hahnemann, in spite of knowing it very well, never mentioned it as cause of psora?

Isn’t it time to admit he referred to a deep internal disorder whose manifestation is a pruriginous eruption with no relation whatsoever to the acarus?

For considering the word “itch” in its first meaning, i.e.:”scabies”, R.E. Dudgeon criticized Hahnemann for including herpes, impetigo and milk scab, as capable of transmitting psora, as according to him “they have not the least right to be considered of a scabies nature”, but he adopted this stance without considering the second meaning of the word.56

For the same reason, Dr Puffer, Hahnemann’s contemporary, held that the latter was mistaken, assigning psora to scabies, as he never mentioned the acarus or its tunnels.57

Due to the mistake in the choice of the meaning of the German word “krätze”, and the English word “itch”, R. E. Dudgeon and several contemporaries thought that without acarus there would not be psora.

On the other hand, C. Hering did not follow the previous reasoning, and empathically rejected the hypothesis that scabies would be the cause of psora.

In short, the only valid conclusion is that for Hahnemann psora is basically a deep internal disorder, its cutaneous manifestation consists in a very pruriginous eruption that has no relation with the disease produced by the acarus.

The second confusion. Chronic Miasma.

Another disorder took over the concept of chronic miasma, that for Hahnemann necessarily requires the existence of:

a) A transmitting agent, with a manner of contagion and route of entry.

b) A characteristic external manifestation on the skin or mucosae.

c) A progressive chronic disease as its consequence.

d) Possibility of transmitting this disease through heredity.

e) Availability of one or more fundamental curative antimiasma medicines.\(^{58}\)

Each one of these five conditions for the three miasmas described by Hahnemann are developed as a simple memory aid, as they are the requirements established by him to admit the existence of a chronic miasma:

a) The transmitting agent or miasma, its mode of contagion and its route of entry.

Hahnemann considered chronic miasmas as the consequence of an “infection” produced by a transmitting agent, understanding as such the invasion to the body of an unbalancing energy to Biologic Energy.

He conceived the dynamized medicine of equal dynamic nature, therefore capable of re-establishing the equilibrium of said energy.

“The dynamic effect of the influences that cause disease in a healthy man, as the dynamic energy of medicines on the principle of life which re-establishes it to health, do not differ in any way to the infection and this is neither material nor mechanical, as the energy of a magnet which is not material nor mechanic attracts a piece of iron or steel”.\(^ {59} \)

As to the manner of contagion employed by the transmitting agent, he pointed out it was by casual dermic contact for psora, and through coitus for sycosis and syphilis.

The entry route is at any point of the skin for psora, and the genital mucosae for sycosis and syphilis.

b) External signs in skin or mucosae.

The external sign becomes noticeable when the invasion of the whole body is complete, and starts in the entry point of the transmitting agent or miasma. For psora, it is the pruriginous eruption on the skin, for sycosis, the phycoid warts, and the chancre for syphilis, these latter two in the genital mucosae.

c) A chronic and progressive disease.

Psora, sycosis and syphilis are characterized by their chronicity and progressiveness.

d) The possibility of hereditary transmission.

The three miasmas have the capacity of being transmitted through heredity.

e) The fundamental antimiasma medicines.

For psora: Sulphur and Hepar Sulphur; for sycosis: Thuja, and at times Nitricum Acidum, and for syphilis: Mercurius.

\(^{58}\) S. Hahnemann, “Enfermedades Crónicas”.

Unluckily, by omitting these five indispensable conditions to affirm the existence of new chronic miasmas, a great confusion of the basic concept of chronic miasma was brought about.

As the five conditions established by Hahnemann were detracted, it was sought to include as chronic miasmas the consequence of using allopathic medicines, non chronic infections and even the flu, thus tergiversating the original concept.60

One more confusion. Sin.

A new confusion was caused by James Tyler Kent, and by James Henry Allen, who identified psora with the religious idea of original sin, which was in turn rejected by C. Hering.

Kent did not admit as a psora cause the invasion of the body by an unbalancing energy of the Biologic Energy, as Hahnemann taught, but attributed its origin “to man’s fundamental error, original sin” which would produce a susceptibility to become ill.

For Kent, without original sin, susceptibility to psora would not have existed.

“Long before the Flood, which destroyed the evil men that were on the Earth’s surface at that time, there already was a manifestation called leprosy, which was the result of a terrible profanation that took place in that period.

Many people suffered then that violent aura of leprosy, whereas in the natural order of the human race of today it is a milder form of psora on a race of different people”61

“If the human race had remained in a state of perfect order, psora would not have been able to exist.

Susceptibility to psora... goes back to the first error of the human race”.62

“There must have been some illness previous to this state which we recognize as the chronic miasma of psora. [To understand it] we shall have to accept the Word of God as something historic... It is not wrong to reason in this manner and I hope that you will accept it, not only as history, but also as a divine revelation.”63

“The realm it spans [psoric receptivity] is really extense, as it goes back to the fundamental error of man: original sin, a true primary disease of our race; I understand that the disease thus created, as a primary state, from which all races have engendered what we may call psoric receptivity, which has set the basis for all other diseases.”64

The reason by which Kent was a mental prescriber shunning the physical symptoms, even if they were peculiar or characteristic, lies in the fact he placed the cause of diseases in the mental sphere.

When attributing “the primitive error to the human race” as the origin of psora, and as it is in the mind where “the fundamental error of man, sin” is conceived and born, there did not exist for Kent, more important symptoms than the mental, even though they were not characteristic or peculiar.

The merging of medicine with religion, which Hippocrates had separated 2,300 years previously, is even more evident in James Henry Allen, as the more alien to the doctrine of Homeopathy.

62 op. cit. Lesson XVIII.
63 op. cit. Lesson XIX
“Truly psora is the first manifestation of original sin, of the first damnation”.

“... we see in sin the father of all chronic miasmas, besides being the father of the illness”.

... “When we suppress a mixed miasma as psora and sycosis, what can we expect ...? ... here are the two processes of sin, the sin of disobedience, and the sin of lust”.\textsuperscript{65}

All these concepts were never expressed by Hahnemann, therefore they are completely alien to Homeopathy.

\textbf{One last confusion. Psora.}

J. Henry Allen also added another confusion, maybe the most serious, as it is widespread, when at the onset of the XXth century he disputed the concept of chronic miasma, as Hahnemann had announced, especially the psoric.

An astounding large retinue of followers adopted as valid his hypothesis throughout the remaining century, detracting from Hahnemann’s concepts which they said were disseminating.

In an opposite sense to the “destructive” character Hahnemann had attributed to psora as the cause of 90% of all chronic diseases and their ravages, J. Henry Allen and his followers considered it as a miasma of functional character, non organic, only inhibitory, a perturbation by defect or deficiency.

“What is pathologic in any marked degree, rarely or never comes from psoric miasma, it is more of a functional disorganizer.”\textsuperscript{66}

“Previous to anything else we must repeat the rule: psora by itself does not give any change to structure and another miasma must be present to obtain a change in structure or shape, of a part or of an organ.”\textsuperscript{67}

The Fundamental Disease of humanity: the most destructive, the most multifaceted; “to which the name Hydra, - the mythologic monster of several heads – is best applied, as described by Hahnemann in “Chronic Diseases”, was for J. Henry Allen a simple tendency to unbalance, instead of being the unbalance “per se”, a mere non destructive inhibition or a “functional disorder” according to his words.

Despite J. Henry Allen’s ideas, the creator of homeopathy had precisely qualified psora as a miasma illness ... ”most destructive and ... much less understood.”\textsuperscript{68}

Moreover, till the end of his life (1843) Hahnemann affirmed that from the beginnings of written history which he placed in biblical times, humanity suffers in an 88% psora “exclusively”, and that the remaining 12%, diseases are a consequence of syphilis, sycosis or their combinations.

“Seven eighths [88\%] of all chronic maladies sprout exclusively from it [psora] whereas the remaining eighth [12\%] comes from syphilis and sycosis, or a combination of two of these three miasma Chronic diseases, or what is rare, from the complication of the three”.\textsuperscript{69}

\textsuperscript{67} op. cit. page 252.
\textsuperscript{69} op. cit., pages 49/50
Merely 60 years later, J. Henry Allen postulated that 80% of humanity suffers from pseudopsora, or a combination of sycosis and psora.

“Today psoric miasma is found in a high degree merged with sycosis, surely 80% ...”\(^{70}\)

This clearly proves that J. Henry Allen’s psora is nothing like Hahnemann’s psora.

But Hahnemann anticipated the tergiversation of his concepts which J. H. Allen and his followers would later carry out, when he affirmed:

“Psora is the miasma illness which is the oldest, more spread out, more destructive and yet the least understood”\(^{71}\)

One must not forget that premonition the creator of Homeopathy announced in “Chronic Diseases”:

“These pure and large truths will be disputed for years and even by homeopathic doctors and shall not be put into practice due to theoretical speculations, and prevailing beliefs”…

Due to all the previous confusions, especially those involving psora, chaos is rampant and to clarify this fundamental Homeopathy doctrine, it is indispensable to go to the source.

**Importance of antipsorics.**

“Those who merely study and treat the effects of an illness, are like persons who imagine they can send winter away by sweeping the snow from the door-step”.

*It is not the snow that causes winter, but winter is the cause of snow.* “De vidibus membrorum” Paracelsus.

Returning to the founder of Homeopathy, during 11 or 12 years previous to 1828 he investigated the reason for failure of the majority of treatments for Chronic Diseases.

“To find the reason for which all medicines found by Homeopathy failed when intending to a real cure of those diseases ... was a task of utmost importance in which I strove constantly from 1816 and 1817, till the Giver of all good allowed me to gradually solve such a sublime problem thanks to incessant thinking, infatigable investigation, unprejudiced observations and more accurate experiments, all with the object of the wellbeing of mankind”\(^{72}\)

Hahnemann employed many years of his life searching the nature and cure of Chronic Diseases.

“I abstain from relating through how many exacting efforts ... I had to pass to achieve, finally, after eleven years, to cope with that great omission that hampered the filling of the gap in the edifice of homeopathic healing art: the cure of the countless Chronic Diseases ...”\(^{73}\)

He discovered that the apparently independent and autonomous chronic diseases (excluding venereals), were only parts or fragments of a sole fundamental malignancy which he called **Psora** (Greek; to scratch).


\(^{71}\) S. Hahnemann, op. cit. page 42.


“Before reaching this understanding I could only teach how to treat all chronic diseases, as if they were isolated maladies, individual…”74

Hahnemann reached the concept of a sole chronic disease (excluding venereals) when he verified:

- As only one Biologic Energy exists, and it maintains the body as a unit, its unbalance is also a sole fundamental malignancy, even though it displays by fragments.

- That very different symptoms that make up apparently independent and different diseases, and are cured by a single medicine, proves they form a unit.

- That within the group of present symptoms in each one of Chronic Diseases, there always lie others that allow the recognition of an “essential character” of psora.

Psora is characterized by “several symptoms that are common to it”, that is, they repeat in each one of those groups, identifying thus The Sole Fundamental Disease.

- That Chronic Diseases (non venereal), which mistakenly may be taken as independent diseases, may display at the end of their cure a pruriginous eruption, the same one for all of them, and equal to that which appeared at the onset of each one of them (excepting inherited psora), indicating they are only fragments of a sole Fundamental Malignancy as cure reruns symptoms in the opposite sense to their appearing.

- That for a stable cure, besides the similar antimiasma medicine, the miasma background must be treated, the psora “per se”, which is carried out with a single medicine: Sulphur, as is proper for that single disease.

... “miasma Chronic Diseases, as affirmed, always remain invariable in their essential character, particularly psora…”75

“... psora, the fundamental illness of many chronic maladies, every one of them seem to be essentially different from the others, which does not conform to reality, as may easily be noticed in the coincidence of several symptoms that are shared and which appear as the disease runs its course, and also by the fact that the same medicine cures all manifestations.”76

The doctrine of the single illness or psora, let Hahnemann discover the existence of medicines with power to cure it, or antipsorics, and others without that power, or apsorics.

He considered as antipsorics medicines with the following properties:

- That their action be of long or medium duration, thus they indicate their deep activity. Never those of brief activity.

- That experimentally they produce a typical psoric eruption, therefore they can cure it, or that clinically they have cured it.

- That they manifest in their activity “several symptoms they share” and that they “remain invariable in their essential character”77, by which their psoric character may be recognized and which Hahnemann detailed in a very extense list at the end of the first part of “Chronic Diseases”.78

Relating the dates of experimentation of each medicine with its apsoric or antipsoric character, show that in 32 years before the Psora Doctrine (1796-1828) he studied 83 medicines,

of which 21 (25%) were antipsoric, whereas the remaining 75% were apsoric, as they lacked the power to cure psora.

**The fact that 75% of medicines were apsoric explains Hahnemann’s failure to cure Chronic Diseases, before promulgating the Psora Doctrine in 1828.**

In the 15 years following this doctrine, he studied 28 new medicines, of which 26 were antipsoric, that is 93%, he then could cure Chronic Diseases.

He reached success from 1828 on orienting his search for medicines with psoric depth, especially minerals, such as: Alumina, Baryta Carbonica, Borax, Calcarea Carbonica, Graphites, Kali Carbonicum, Natrum Carbonicum, Natrum Muriaticum, Nitric Acidum, Petroleum, Phosphorus, Zincum, and others.79

Hahnemann included Mercurius even though the fundamental antisyphilis may occasionally act as an antipsoric, according to his tests.

… “… the other already tested homeopathic remedies not excepting Mercurius cannot be excluded in certain states belonging to psoric diseases.”80

The following list, published in “Chronic Diseases”, contains the 47 medicines considered by Hahnemann till that time as antipsoric:


Other medicines must be added to these, especially minerals, tested later, as:

Argentum Nitricum - Kali Bichromicum - Kali Sulphuricum - Natrum Sulphuricum - Calcarea Phosphorica – Magnesia Phosphorica, and several more.

**At present many homepaths employ apsorics and antipsorics indiscriminately to treat non venereal Chronic Diseases, qualifying without any basis almost all medicines as “trimiasmatic”.**

They face likewise the same snags in curing as Hahnemann faced before the discovery of the Psora Doctrine, which he considered “… invaluable discovery whose value for humanity exceeds all I had ever discovered…”

A chronic disease may not be cured with Pulsatilla or Nux Vomica, for example, as with apsoric – even though chosen according to the most strict similarity of symptoms – in no way give lasting and complete cures in cases of Chronic Diseases, as those recognized as antipsorics do, when chosen with the same homeopathic criteria, because the latter – as different to the former – adapt to the infinite variety of symptoms of psora’s great malignancy.81

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This miasmatic concept has an enormous practical importance, for, when the homeopath doctor faces a case of psora, in the daily routine of treating Chronic Diseases, he must, at one time of treatment, hand out a miasmatic prescription, indicating psora’s fundamental antimiasmatic: Sulphur, or if the symptoms so point out: Hepar Sulphur.

“Among antipsorics I prefer giving Hepar Sulphur calcarea ... in dilution 30 I have found it is a valuable addition to antipsoric treatment, and is superior to sulphur in some aspects. I let it be inhaled moderately once through both nostrils conveyed in a globule saturated with Hepar Sulphur, every 8 to 14 days, and were it necessary repeated two of three times.”

A long clinical practice proves that psoric Chronic Diseases only cure with antipsorics, as solely with these those cures are stable and “lasting”.

In general, a single antipsoric is not sufficient to cure psora, and the employment of several in succession is needed.

“All psoric diathesis [active] ... very rarely will be cured by only one antipsoric, and on the contrary will require the employing of several of their remedies – and in cases of major severeness, the use of many of them – one following the other.”

“To achieve cure of non venereal Chronic Diseases, that commonly stem from psora, it is frequently required to administer several antipsoric remedies in succession, and each one of them be chosen homeopathically and in agreement to the group of symptoms that have remained once the activity of the previous remedy has been completed.”

Miasmatic prescription.

From the discovery of psora’s chronic miasma in 1828, and based on recognizing “the essential character of psora”, Hahnemann’s prime goal was the search of a method which enabled him to cure that psoric background underlying all non venereal chronic diseases.

During the period 1828/1835, while living in Köthen, he experimented prescribing Sulphur or Hepar Sulphur during or at the end of a series of antipsoric remedies to treat that essential disorder without which cure lacks permanence, and considered “indispensable” to treat that root to stop it from spawning pathologies.

If psora is the basis of all non venereal chronic diseases, the logical consequence is to treat that basis beyond the employment of antipsoric remedies chosen by their characteristic symptoms.

Since he started living in Paris (1835), and probably before, he decided to invert his strategy and frequently opened the case with Sulphur, to remove the underlying psoric miasma, and later treated the remaining symptoms with the “simillimum”:

“Now he opens the majority of his chronic cases with Sulphur, chosen without considering the characteristic symptoms which previously he deemed important, presumably to start the case by prescribing for the underlying psoric miasma ... he became a miasmatic prescriber. Clearly he intended to treat the psoric miasma before beginning treatment for the more individualized symptoms.”

If prescribing an antipsoric, Hahnemann treated psora in the form of displays, by prescribing Sulphur he treated psora in itself, beyond its forms.

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From then on, Hahnemann’s quest was to treat the cause of diseases more than the diseases themselves that is why he prescribed for miasma more than for the disease.

Closing this chapter it must be iterated the astounding and generalized acceptance of the derogation brought by J. Henry Allen to the Hahnemannian concept of psora he said to uphold, subjected homeopathy to enormous harm.

For Hahnemann, psora is “the most destructive” of miasmas, “the fundamental disease of mankind”; in J. Henry Allen’s concept, psora was reduced to a mere “functional perturbation”.

The doctrine of psora which the founder of homeopathy considered “invaluable discovery whose value for mankind surpasses all that I ever discovered and without which all present homeopathy would remain incomplete or imperfect” has remained unfortunately not only depreciated but also void of content and unusable.

One must only read Hahnemann’s and J. Henry Allen’s notion of psora to understand they have nothing in common in their conception nor in their therapeutic implications.

But, besides these statements, the Hahnemannian doctrine of the fundamental miasmatic disease, “the oldest, the most widespread, the most destructive and yet the least understood”, displays its own truth when it is put into practice.


“Discovery consists in seeing what everybody has seen and thinking what nobody thought”.

Albert Szent Györgi von Nagyrapolt, Nobel prize in Chemistry, 1937

The inhalatory route

One has always opted to use the word “inhalation” and not “olfaction”, as the aspiration with a medicinal purpose is expressed by the former as currently defined by the better known dictionaries.

The first mention of inhalation as a medicinal entering route belongs to Paracelsus, who recommended it in cases of patients unable to swallow, as in apoplexy and epilepsy.\(^87\)

In “Organon”’s 4\(^{th}\) edition (1829), homeopathy’s founder started to promote the inhalatory route, though he had tried it since 1805 as he wrote in “Medicine of Experience”, and he did not abandon that route till the end of his life according to the last case histories in Paris. He indicated to inhale deeply once by each nostril.

He started from the hypothesis that a globule impregnated with the dynamized remedy would emit continually (“perpetually”) a medicinal atmosphere as a radiant energy capable of being retained in a flask, which by inhalation, could emit its curative power to the ill.

“… as an exhalation or emanation proceeding from these bodies [globules]…”\(^88\)

To his amazement, he not only confirmed his suspicion, but discovered that inhaling it, the medicinal action was of a notable curative capacity and also had a quality of mildness and tolerance superior to the oral route, only way in current use till before these investigations.


He observed that using the inhalatory route, the aggravations were much milder than when using the oral route.

He was amazed to prove that the gentleness that the inhalatory route confers the medicinal activity does not decrease its depth, that is its capacity to cure.

### Inhalation of the globule in a dry medium.

“If an idea doesn’t seem absurd from the onset, there is little hope for it.”

Albert Einstein

In 1833 Hahnemann affirmed:

‘Homeopathic medicines have a surer and stronger effect as a vapour when the patient inhales it from globules impregnated with medicinal fluid, *kept dry in a flask*”.

“… this inhalation performs its medicinal power in the same degree of intensity as oral doses, and even produces a milder effect and during the same time.”

In the same year, in a note to paragraph 288 of the 5th edition of “Organon” (1833), his enthusiastic words were:

“It is especially in the form of vapour by olfaction and inhalation of the medicinal aura that always emanates from the impregnated globule with the medicinal fluid of high dynamization, and *kept dry in a small flask*, that homeopathic remedies act in a more accurate manner and with utmost power…”

“[inhalation] produces its curative influence on the vital force in the mildest yet powerful manner, and it is preferable to all other ways of administering the remedy per os …”

“A I am convinced (something I would have never believed before) that by inhalation, the power of the medicine on the patient is at least of the same degree in intensity as when the dose of medicine is taken orally”.

Aura, according to dictionaries, means: halitus, breath, breeze [medicinal atmosphere detached from the globule].

In 1832, that is, a year previously, Hahnemann had abandoned the use of Single Doses when he discovered that Multiple Doses shortened the cure, a method he also used with inhalations of a globule kept in a dry medium”.

### Inhalation of the globule in a solution

In 1834, Hahnemann discovered that the dilution of the globule in “a large amount of water” makes its activity “much more powerful”, which was written in the Preface to the 2nd edition to volume 3 of “Chronic Diseases”, published in 1838.

Later, he also ratified this concept in paragraph 272 of the 6th edition of “Organon”:

“A globule … diluted in a large amount of water and well shaken before each intake becomes a much more powerful medicine …”

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91 C. Bönninghausen, “Repertory of Antipsoric Remedies”, 1832, Preface by S. Hahnemann
He verified that the atmosphere that surrounds the dry globule when inhaled is curative, as is the atmosphere that is wafted from the shaken fluid in which the globule had been diluted. As he did for the oral route, he employed Multiple Doses for this medicinal method, diluting the remedy in a “large amount of water and well shaken”, previous to every inhalation to “vary the degree of power”, which makes for a better tolerance:

“If in the treatment only a small phial of say one drachma of diluted alcohol were used, and which contained one globule of medicine diluted by succussions to be inhaled every two, three of four days, that phial must also be well shaken eight to ten times before each inhalation.”

The percutaneous route

In the 4th edition of “Organon”, 1829, Hahnemann promoted the use of the percutaneous route by rubbing which he had tried since 1805, as he wrote in “Medicine of Experience”, from which he pointed out its virtues in “Chronic Diseases”:

“... its curative effect is greatly increased”.
“... may cure much faster ...”
“... has shown extraordinary curative activity”

And some years later:

“... may lead to the extinction of very old diseases ...”

So, in the last “Organon”, he advised this route using it simultaneously with the administration “per os”, giving one half of the dose of the medicine orally in a solution, and the other half percutaneously by rubbing.

And lastly Hahnemann warned that the skin which the remedy is to be rubbed on, must be healthy, as the method is a way of entry, and not a local treatment.

The omitted routes

“That habit so often tested should not force you [to walk] on that path”.

Warning by a goddess to Parmenides (not let oneself be vanquished by the force of habit).

Unfortunately, like all of Hahnemann’s discoveries in the last 15 years of his life (1828/1843), the Inhalatory Route as the Percutaneous Route by rubbing, are not habitually used by the present homeopathic world, as they were not used by the great homeopaths of the second half of the 19th century, and their scope and advantages have not been explored.

Nevertheless, in these routes of medicinal entry and in other facts which will be put forth, the clues to the art of prescribing which solve the frequent, non curative and at times severe medicinal aggravations, lie ignored.

Also, in these routes lies the secret to put into practice continual treatment of Chronic Diseases for years, which allow them to be subjected to the remedy’s activity in a permanent, prolonged and undecreasing manner.

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The inhalatory route, particularly that of the dry globule, has the quality of mildness and is well tolerated, qualities not extant in any other route, and without losing its dynamism.

On the other hand, the quality of depth, able to treat the most entrenched diseases, only belongs to the percutaneous route, when it is employed as an only route, without the simultaneous use of the oral route.

It behooves to incorporate these methods to avoid frequent aggravations in current practice in which through an excess of stimulus many treatments come to naught.

**Law of Overstimulation**

In paragraph 276 of the 6th edition of “Organon”, Hahnemann warned of the dangers of overstimulation:

“... a medicine ... would harm with each too big a dose ... more so, the larger its homeopathicity and the higher its potency”

and a little later:

“Too large doses of a well chosen homeopathic medicine, and especially if repeated frequently, as a rule create many problems. In not few instances, the patient’s life is put at a risk, or turn almost incurable his illness: certainly they extinguish the natural illness as the sensitivity of the vital principle has been affected and the patient does not suffer from the original illness from the moment a too high a dose of the homeopathic medicine had dealt with it, but he becomes sicker on account of the similar medicinal illness, but more violent, which is more difficult to extinguish (enhanced in the original).

As a result from Hahnemann’s assertion, and the daily verification homeopathic doctors perceive in their clinical practice, a Law of Overstimulation may be expressed in the following terms:

“The more excessive the stimulus the similar remedy produces on Biologic Energy, the less curative is its action and vice versa”.

Countless times, when the patient complains and says: “I am worse”, homeopathic doctors have suspended the medicines as they attribute the aggravation of symptoms to an error of choice, when it is a consequence of overstimulation by a well chosen medicament.

It is due to this law that forgotten medicinal entry routes, especially the inhalatory route, crop up as valuable curative means to obtain mild stimuli better tolerated, therefore more curative.


From the 2nd edition of “Organon” (1819) to 1831 included, Hahnemann currently prescribed the remedy in **Single Doses**.

After having indicated a single dose, he waited during 40, 60 or 100 days till its effect petered out and symptoms reappeared, not giving any dose during waiting time.

If the returning symptoms continued indicating the same remedy, he then repeated it.

If, on the contrary, they pointed to another remedy, he administered the new one repeating afterwards the previous waiting.
But he was not really satisfied with this method, because:

- in the most severe and oldest diseases, he could not reach the necessary depth to achieve the cure.
- the cases he did get to cure after a very long treatment took many years.

Therefore, Hahnemann decided to give his concept of Single Doses a radical change, as the preface he wrote for Böninghausen’s book “Repertory of antipsoric remedies” 1832, shows:

“I am not ashamed to confess of not knowing yesterday, what experience could teach me today.”

I am not ashamed of being able to publish now an axiom I was not very sure of when publishing the 4th edition of “Organon” [1829] which, confirmed by repeated experiments and experiences since then, I can now communicate to the medical world, more completely, and more definitely, to wit:

that: it is not necessary as affirmed in paragraphs 242 and following, to administer on each occasion only ONE dose of the remedy in (acute) and chronic diseases and allow for their effect before giving another remedy.

On the contrary, it is always necessary and of a great benefit to administer more of the same remedy, before employing another one” (underlined in the original).

A little later, in the 2nd edition of “Chronic Diseases” published between 1835 and 1839, he ratified the new concept, and considered “indispensable” to employ multiple doses to cure chronic diseases.

Multiple Doses differ from Single Doses; in the former, doses are repeated without waiting for the symptoms to reappear, an indispensable requisite for the latter.

Employing Multiple Doses, Hahnemann was faced with the problem that they produced frequent aggravations, even when administered dry, an inconvenience he admitted in the 5th edition of “Organon” (1833).

As a consequence he indicated to interpose after every two or three doses of the remedy, another medicine related to it. For example, in a treatment with Sulphur he interposed Hepar Sulphur.

And if in spite of this aggravations cropped up, he counteracted with the remedy corresponding to the symptoms present.

This method, that still produced frequent aggravations, he modified one year later, as he was able to resolve them administering the remedy diluted “in a large amount of water, and well shaken before each intake” to increase its “degree of potency”.

In short, Hahnemann searched to:

- Subject the illness to a continual and non decreasing activity of the medicinal stimulus.
- In this manner, thwart the return of symptoms, which means that the illness looms in a similar state it was before the preceding dose.

Multiple Doses can be omitted when a vigorous Biologic Energy exists, in a not serious and recent chronic disease, as its cure may be achieved through a Single Dose, though in the great majority of cases these circumstances are rare.
It is noteworthy that from 1832 and to the end of his life 11 years later, Hahnemann abandoned Single Doses in favor of Multiple Doses, achieving cure in cases previously incurable, and in a shorter time.

4. – 1833. Tests and rejects Korsakov’s method.

In 1829 general Simeon Korsakov, Russian state adviser, wrote Hahnemann a letter asking him to consider a modification to the method of preparing the Centesimal scale.

The norms on dilutions for that scale, established by Homeopathy’s creator, briefly indicate: take one drop from the preceding flask and dilute it in 99 drops of alcoholized water in the next flask, repeating in multiple flasks this procedure successively 30 times.

To avoid using a large amount of flasks, corks and alcohol this procedure employed, Korsakov estimated that a single flask could be used, which was emptied after achieving each potency and as he considered that the equivalent of one drop remained on its walls, he added afterwards 99 drops of alcoholized water.

Besides simplifying the preparation, this system allowed achieving the goal many homeopaths of that time proposed: to reach high dynamizations, manually as by dynamizing machines.

At the beginning, Hahnemann seemed to approve this modification, as he states in a letter to his pupil J. E. Stapf:

“... the procedure ... described by mister Korsakov is very sensible ... allows a fidelity and a certainty of the ensuing dilutions, therefore there is nothing to reproach it: it makes the operations enormously easier”.

Surprisingly, after this approval and after four years of tests with the new procedure, Hahnemann made no mention of it when he described the Centesimal scale in the 5th edition of “Organon” (1833).

Neither did he refer to the proposed method in the 2nd edition of “Chronic Diseases”, two years later. (1835/9).

1833 may be considered as the year Hahnemann abandoned tests with the single flask system, whose evaluation he began in 1829.

This silence was surely due to his dissatisfaction with Korsakov’s method of the single flask, as he must have verified erratic clinical results, which today, after tests in the Curie Institute of Paris, with radioactive markers, are attributed to its irregular deconcentration, as opposed to the regularity of Hahnemann’s method of multiple flasks.

This irregular deconcentration is made evident in a higher degree when dynamizations are higher.

Later on Hahnemann gave his answer to the need of reaching high dynamizations without Korsakov’s single flask method, creating the Millesimal scale which produces medicines with regular deconcentration, of uniform results and whose clinical responses are comparable among themselves.

At the end of 1840, Hahnemann began to use this new scale, which he detailed in the 6th edition of “Organon”, finished in 1842, though unfortunately only published in 1921, after a delay of 79 years.

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This delay and the easiness that Korsakov’s method offered for the use of dynamizing machines, bent Homeopathy’s course to a point of a very difficult return, as will be explained further on.

5. - 1834. The remedy in solution with an increase of “degree of potency”. Abandons the remedy in a dry medium.

Around 1834, Hahnemann made eight very important advances in the search for a greater depth of medicinal activity to treat chronic diseases.

His therapeutic ideal was to administer medicine in the most continuous manner possible, for which, since 1832, he employed Multiple Doses.

But when treating during long spans of time, employing the globule diluted in a large amount of water, he faced the drawback that it ruined after a few days.

Sometime later, adding alcohol, he obtained a “medicine in an incorruptible solution”, being able then to dissolve the globule in as many tablespoons of alcoholized water as he later were to administer: up to 40, and more at times.

He indicated to ingest it daily, sometimes every other day, for 40 or more days.

This preparation was not similar to the simple remedy in a solution he employed by drops since the beginning of homeopathy, before discovering the impregnation of globules, as now he indicated it to be “dissolved in a large amount of water”.

Nevertheless, he verified that Multiple Doses employing the globule thus diluted, provoked:

- That in successive intakes the beneficial effect of the first became annulled.
- That the symptoms it tried to cure increased.
- That new symptoms produced by the medicine and not belonging to the patient, cropped up.

He therefore endeavored to avoid these aggravations.

In the preface of the 2nd edition of the Third volume of “Chronic Diseases”, written in 1834 and published in 1838, he announced the discovery of dissolving the globule in a “large amount of water and shaking it well before every intake”, aggravations almost were not produced when given in Multiple Doses, if the intervals between them were the proper ones.

By adding shakings to the higher dilution already achieved, Hahnemann simply prolonged the preparation of the remedy, so that to this procedure consisting in adding higher deconcentration and more friction previous to each dose he called “renewing potency of the medicinal solution”.

He concluded that as Biologic Energy receives medicines in different degrees of dilution and friction, it can react without aggravations, as these happen when the medicine does not vary its degree of dynamization.

“... with this precaution: that the degree [of potency] of each dose vary somewhat from the preceding dose and also vary in degree to the next one, so that the vital principle that will be altered by a similar medicinal illness not be excited towards unfavorable and violent reactions, as always happens when doses are quickly repeated without any variation.”

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Besides avoiding aggravations, increasing dynamization before each intake, he also verified that the diluted remedy “in a large amount of water” is “… much more powerful” than when used in a dry medium, so that this way of preparing became a very important tool to treat chronic diseases.

“One dry globule of these, put on the tongue is the minimum dose for a recent and moderate illness. In this case the medicine touches few nerves. But another one, the same as the former, crushed with milk sugar, diluted in a large amount of water and shaken well before each intake, becomes a much more powerful medicament, in condition to be used for several days. Each dose, however small it may be, will affect many nerves.”

Referring to the crushed globule with milk sugar he indicates the following procedure: a globule is crushed over a certain amount of milk sugar so as to obtain a volume of powder which can be handled better than the powder volume of only one globule.

With this method which he called “increase of degree of potency”, he avoided symptomatic exacerbations that produced repetitions without increasing the degree, making possible a good tolerance to Multiple Doses throughout time and achieving a faster cure.

Hahnemann’s concept of the increase of degree of potency that was previously referred to means an increase in dynamization given to that potency, but not reaching the next one. For example, a globule of 15 HC potency “diluted in a large amount of water and well shaken previous to every intake” after being submitted to this procedure, has a higher dynamism than what that potency had, but not reaching 16 HC.

Due to new discoveries, Hahnemann achieved his ideal of Continuous Treatment for months, thus increasing in the medicine “the surprising change of nature, till now unknown in the development of dynamic energy of the medicinal substance” according to his writings (4th edition of “Organon”).

Summing up, with the improvements he could:

- Obtain a “more powerful remedy” than when used in a dry medium, when diluted in a “large amount of water”.

- Achieve an “incorruptible solution” of the diluted globule by adding alcohol.

- Avoid aggravations produced by only diluting the globule in a “large amount of water”, by adding more shakings before every intake, which he called “renewing potency of the medicinal solution”, being able thus of “increasing the degree of potency”.

- Employ Multiple Doses thanks to former advances avoiding the unending routine of Single Doses in what one must wait for the symptoms to return in order to repeat each intake, which produces a pendular effect between those symptoms and the remedy.

- Carry out a continuous treatment for months if the intervals between doses are appropriate.

- Reach a faster cure in the treatment of chronic diseases.

- Easing the appearance of second plane symptoms.

“... a single dose of a homeopathic remedy ... will bring an improvement ... within 40, 50, 60 or 100 days ... it will be of utmost importance for the patient and the doctor to reduce this period to half, to a quarter and even more, in order to achieve a faster cure”.

These advantages are enormous if the doctor chooses the similar remedy and adapts to the nature of the clinical picture:

- The chosen scale and potency.
- The choice of administering route.
- The frequency in the repetition of the dose.

These combined factors are the essence of the art of prescribing, and if well chosen constitute the necessary conditions to achieve the cure of chronic diseases.

Besides, good tolerance to treatment given by the “increase of degree of potency” previous to each dose was profited by Hahnemann to increase the medicinal intensity of the Centesimal scale while preparing it, applying ten (10) shakings per potency instead of two (2), without causing symptomatic aggravations that the former brought about, which constituted the eighth step forward of those years.

This increase is evident when considering that friction given by shakings is a cumulative magnitude.

Thus, in the final potency of this scale it now accumulated 300 shakings instead of the previous 60, achieving his purpose of increasing the intensity.

Joining these advances Hahnemann revolutionized homeopathic therapeutics and opened the possibility of curing many chronic diseases previously considered incurable.


From 1832 Hahnemann intended a continuous treatment, though at the time, after several intakes he was obliged to suspend them for 30 or 40 days.

“To influence with the remedy on the Vital Force … in a continuous manner … so that the curative reaction be continuous.

Rarely [give the doses] before 7 days … giving the intakes every 9, 12, 14 days.
Afterwards … let the remedy have its effects 4 to 6 weeks”.

For Hahnemann, the frequency of the repetition of doses had to be higher, if the disease were more acute and recent, and lower when the disease were chronic and old. This was a general rule, dependent on the patient’s reactivity.

With the discovery of the good tolerance of Multiple Doses of the remedy diluted in “a large amount of water and well shaken before each intake” he achieved an increase of “degree of potency” and then definitely acceded to the most powerful tools to vanquish the oldest and severest Chronic Diseases: The Continuous Treatment.

The Continuous Treatment by means of Multiple Doses differs from treatment with Single Doses in that the former repeats doses without waiting for the reappearance of symptoms, an indispensable requisite for the latter, as was explained previously.

This fundamental tool, habitually ignored in current practice by employing Single Doses, subjects the disease to a constant activity without declining of the remedy, and so the continuous reaction of the Biologic Energy therefore makes the curative process be also continuous, which opens a new therapeutic world.

In the note to paragraph 246 of the 6th edition of “Organon”, Hahnemann expressed:

“What I have said in the 5th edition of Organon, in a long note to this paragraph [246] and with the object of preventing those undesirable reactions of the vital principle, was all my experience allowed at that time.

But for the last four or five years [1837/38], thanks to a new procedure, I perfected even more, all those difficulties were completely solved. The same well chosen remedy may be now repeated daily and for months if it were necessary.

Further on he made clear that potencies must be given in dynamizations of increasing progression.

What follows is the summary of the **conditions that must exist to be able to carry out a Continuous Treatment of a Chronic Disease**.

a) **Conditions relative to the remedy:**

- Prepare it by 3 hours of trituration in a mortar, reaching the millionth.

- Use Hahnemann’s method of multiple flasks of Centesimal or Millesimal scale, and not the single Korsakov’s flask.

- Do it manually and not with dynamizing machines, which employ an exaggerated amount of succussions per potency, and whose results are not uniform nor comparable, as they vary according to the design each inventor gave each machine.

- In the making, give the remedy 10 shakings per potency for Hahnemann’s Centesimal scale, and 100 succussions per potency for the Millesimal scale (or Fifty Millesimal).

b) **Conditions relative to treatment:**

- To prescribe especially for the peculiar symptoms, be they physical or mental.

- To choose exclusively antipsoric remedies for non venereal Chronic Diseases, which shall be prescribed in series.

- To administer only one remedy at a time.

- To employ one globule, rarely two, the size of a poppy seed, diluted in a “large amount of water”, increasing the “degree of potency” by 8, 10 or 12 shakings or succussions previous to every dose.

- To employ Multiple Doses daily or every 9, 12, 14 or more days according to the patient’s sensitivity.

- To choose the Oral, Inhalatory or Percutaneous route, according to the desired depth and the reactivity of the patient.

- To employ potencies in increasing dynamizations.

- For psoric diseases a miasmatic prescription should be made with Sulphur or Hepar Sulphur, before, during or after treatment with antipsoric remedies.

These requisites make up Hahnemann’s teachings as a result of his latest discoveries and give shape to the doctrine corpus indispensable to achieve the cure of chronic diseases.

7. – 1840. The Millesimal scale.

Around 1828/30, some homeopaths began the search for high potencies, G. W. Gross, G. A. Schreter and S. Korsakov among others, who produced potencies 60, 90, 200 and even reached 1500.
Hahnemann himself in those times experimented with Centesimal potency 200 of Sulphur; nevertheless, for current use, he asked not to go beyond the boundary of potency 30 Centesimal, in order that all homeopaths acquire their medical practice with remedies made by only one system, the same for all, so as to be able to interchange clinical experiences:

“I do not approve of your high medicinal dynamizations (for example beyond XII and XX) [potencies 36 and 60 Centesimal].

There must be an end to this, you cannot go to infinite.

Making this a rule: that all homeopathic remedies be attenuated and dynamized to X [potency 30 Centesimal] we have a uniform manner of procedure in treatment for all homeopaths, and when they describe a cure we are able to repeat it, as they and we work with the same tools”.

Nevertheless, Jenichen of Wismar reached potencies 2,500, 8,000 and 16,000, though he kept the procedure a secret. Apparently he employed manually Korsakov’s method, applying 30 shakings per potency.

With these remedies made by methods devoid of any system begins the confusion in which we are immersed related to dynamization techniques for high potencies: Korsakov probably employed a single flask, whereas Jenichen, Fincke and Swan kept their methods a secret.

In reference to Fincke’s system, very little is known, as he never revealed it. Apparently, he used some variation of the illogical procedure of continual fluxion, which is not seen here as it is devoid not only of logic but of the most elemental norms that allow it to be qualified as a method.

Swan also employed some continual fluxion procedure. Kent confided Hayes in a letter (07-30-1903), that after personally seeing Swan prepare his remedies, he threw away all those he had made qualifying the procedure as a “deceit of the worse kind”.

Besides Hahnemann foresaw a new cause of confusion as he anticipated the “dangerous” consequences that dynamizing machines would produce, when in the Centesimal scale by means of them an excess of succussions were applied, and he foretold what reactions they would produce, he described them as very severe.

“But with such a low ratio of the diluting medium respecting the medicine: 100/1, if it were forcibly subjected to many succussions by means of some adequate machine it would develop medicines that, especially in the highest degree of dynamization would act almost immediately but with a furious and even dangerous violence …”

The “furious and even dangerous violence” of the remedy made with dynamizing machines, that “subjects it by force to many succussions” as warned by Hahnemann, was made evident by the ease that Korsakov’s method offered for the employment of those machines.

It must be remembered that the first project of a dynamizing machine was designed by Dr. Messerschmidt, and was published in the “Archives of Stapf”, 1834, in Hahnemann’s lifetime.

These grave consequences may not be understood if shaking, succussion or Friction are not considered with dilution or Deconcentration, as cumulative processes (see “The cumulative character of friction or shakings”, in the Chapter corresponding to 1816).

As an example and to point out the truth in Hahnemann’s warning:

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Hahnemann’s potency 30 Centesimal (30 HC), end for this scale, has **an accumulation of 300 shakings**.

- Hahnemann’s potency 30 Millesimal (30 LM) end for this scale, has **an accumulation of 3,000 succussions**.

- A current potency of 10,000 K. Centesimal, made with one of the common dynamizing machines, which apply 200 succussions per step, employing a single flask according to Korsakov, has **an accumulation of 2,000,000 succussions**.

With the last astronomic figure and other similar ones made with the dynamizer, they enter the field of effects of “the furious and even dangerous violence” as Hahnemann warned.

It is superfluous to give as an example the accumulated succussions of potencies like 50,000 K or 100,000 K or more.

Nevertheless, luckily, as Deconcentration by Korsakov’s method is irregular, its consequences are also irregular, so they do not always produce the severe effects if they were regular.

The higher Korsakov’s dynamizations, the higher their irregular deconcentration, as probably it be of an increasing and progressive character.

No new evidences are needed to reflect on the warning from homeopathy’s creator.

Hahnemann wrote a letter to Korsakov, in which he expressed that these high dynamizations must be of an experimental nature, and for the current use of all homeopathic doctors the potency 30 Centesimal must not be surpassed, in order to obtain uniform results therefore comparable.

In this letter, on the other hand, he expressed that Korsakov’s works confirmed his own evidences that:

- “The development of the powers of medicinal substances by the homeopathic process may be considered almost illimitable”.

- “The higher the dynamization (dematerializing), the faster and deeper its activity”.

- “But its effects cease faster”.

In spite of all which was expressed regarding Korsakov’s method, it is official for Pharmacopoeiae of several countries, as that of the United States of America.

It must be remembered that when developing the Centesimal scale, Hahnemann doubted in giving 2 or 10 shakings per potency, due to the aggravations the latter amount produced, and adopted the practice of 10 shakings per potency when he varied the “degree of potency” of the remedy diluted in “a large amount of water and well shaken before each intake”, thus avoiding aggravations.

Notwithstanding, Pharmacopoeiae of several countries indicate 20 and more shakings per potency for the Centesimal scale.

As a result of it was expressed, “the furious and even dangerous violence” foreseen by Hahnemann has been observed by every homeopath.

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105 see “The Centesimal Scale”, in the corresponding Chapter to 1816.
Besides, the employment of different dynamizing machines, according to the design of each inventor, resulted in remedies that were also different, even though they have the same potency denomination and are sold as the same product, by which clinical responses stopped being comparable.

Therefore, we homeopathic doctors have lost what the Teacher asked to preserve: “a uniform manner in the procedure of treatment for all homeopaths, and when they describe a cure we may be able to repeat it, as they and we work with the same tools.”

Dynamizing machines vary a lot in the intensity and frequency of the succussions, the size of the drop and the single flask, and there are some machines not designed to count succussions, and these are estimated by the time employed.

A known dynamizer applies 25 succussions per second, reaching in 12 seconds it takes per potency, a total of nothing less than 300, which for the previous example, a potency of 10,000K accumulates 3,000,000 succussions.

The same prescribed homeopathic remedy with the same denomination of potency to be prepared by Korsakov’s method may be solicited in different pharmacies, or come from different laboratories, and each one will be different from the rest, according to the dynamizing machine employed.

The Pharmacopoeia of the United States of America decreased 3 hours of trituration in the mortar to 1½ hour, by which the degrees of friction and deconcentration accumulated in the dry stage are different to those made according to Hahnemann’s norms.

The French pharmacopeia sets a limit to the development of potencies, conditioning it to the chemical proof of the presence of the medicinal substance in them. That is impossible when dealing with potencies beyond 9 or 12, which correspond to Centesimal III and IV, as that presence cannot be demonstrated chemically when they surpass Avogadro’s number. Their action is not felt in the chemical field but in the field of Physics, which require another order of magnitudes; as if, one tried to weigh electricity

Unfortunately, when all the homeopathic medical world of the XIX century was trying to achieve the highest dynamizations, the founder of Homeopathy in U.S.A., C. Hering, created the Decimal scale, of low dynamizations, though in one of his last works he appeared to regret his creation.

The Decimal scale meant a step backwards in the development of medicinal potency in respect to the extant Centesimal scale, nevertheless, it is the official scale of the Pharmacopoeia of the United States of America.

In the 6th edition of “Organon”, Hahnemann solved through the Millesimal scale or LM the need to achieve high potencies by a trustworthy, systematic and uniform manual method of multiple flasks, but as this took 79 years in being published, it generated the chaos which today is a fact:

- The use of dynamizing machines that employ Korsakov’s method, which produces, due to an enormous accumulation of succussions, a violent increase of the medicinal activity with known consequences by every homeopathic doctor.

- The procedures employed in the preparation of homeopathic remedies are not comparable as a consequence of different designs among the dynamizing machines.

- Same potency denominations do not indicate same remedies.


Clinical results are therefore anarchic, not comparable and at times even dangerous.

These examples illustrate the extant confusion, and even as there are many others, these are sufficient so as not to insist on the matter.

Hahnemann was not opposed to the development of high dynamization, he only was afraid that the required techniques to prepare the remedies enter a venue devoid of a systematic method and whose results were neither trustworthy nor uniform.

This is ascertained in a letter he sent to his pupil Schreter in Lemberg:

“My opinion is that you rigorously stick to the precepts contained in my “Treatise of Chronic Diseases”, and if possible, it is necessary to go even further than I have, giving antipsoric medicines for even longer periods, also administering them in smaller doses that I have advised and dynamizing all antipsoric medicaments beyond 30”.

Lastly, a little before the year 1840, Hahnemann admitted:

- The need to reach very high dynamizations beyond 30 Centesimal, indispensable to treat severe and old Chronic Diseases,

- The convenience to this end in projecting a new scale, the Millesimal, which would systemize the technique of manual preparation for these new high potencies, such as he did previously with the Centesimal scale and would also avoid the use of Korsakov's single flask method. This new scale would be his answer to the need of going beyond potency 30 Centesimal.

The biggest practical difficulty he had in conceiving the Millesimal scale was how to subdivide in 500 parts the medicinal drop in the diluting process, so as to achieve high dynamizations.

Around 1840 in his 85th year, in full possession of his extraordinary intelligence he kept till the end of his life, Hahnemann solved this enormous technical challenge when he verified that 500 globules (size: poppy seed), absorb one drop of the substance, therefore one of these impregnated globules is the 500th part of that drop, which diluted in 100 drops of alcohol gives a dilution of 1/50,000 (1/500 ×1/100).

Each one of these steps, starting from one of these globules, gives as a result a potency of the Millesimal scale, so, repeating this process 30 times, the scale is completed and the final Hahnemann’s 30 Millesimal potency is achieved.

This high dilution per potency allowed him to apply 100 succussions per step, by which he reached his goal:

“With this highly disproportionate ratio between medicine and diluting medium a development of a higher potency may be obtained by means of numerous shakings ...”

“After many exerting experiments and counterexperiments, I have found that the activity of the preparation achieved has the maximum potency and the most mildness, that is the most perfected ...”

If in the last potency of the Centesimal scale the amount of 300 shakings and a dilution of $10^{-60}$ are reached, in the Millesimal scale, the succussions are 3,000 and the dilution is $10^{-147}$ accumulated.

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In reference to this enormous dilution, Hahnemann expressed his admiration:

“It is surprisingly evident that the material part, by means of dynamizations, has finally dissolved into its individual essence, similar to the spirit (conceptual).

In consequence, it may be considered that in its raw state, such conceptual essence is really contained, though not developed”.110

It is evident that Hahnemann looked for:

- An increasing in the number of succussions to which he attributed all the medicine’s activity. The higher the quantity, the higher the power.

- To increase the number of succussions he had to increase the dilution, to which he attributed the power to “attenuate” or “moderate” the excess of intensity given by these succussions. To the dilution “per se” he considered it an “accessory devoid of all therapeutic activity”.

- The ratio between both factors – succussion and dilution or their equivalent Friction and Deconcentration, respectively, he established estimatively.

- It is clear that his purpose was to be able to apply the maximum of succussions, to which he attributed all the medicinal potency.

“With this highly disproportionate ratio between medicine and diluting medium a development of a higher potency may be obtained by means of numerous shakings.”111

“Daily we listen to references about homeopathic medicinal potencies as if they were mere dilutions, but actually they are the opposite: it is a true dissociation of the natural substance by which the specific medicinal hidden powers contained in its interior surge and are revealed, displayed by rubbing and shaking. The aid of a chosen non medicinal attenuated medium, is solely a secondary condition”.112

“... the aim is the development of medicinal potencies, but only in the same degree as the required attenuation is achieved; expressed in another way: we try to moderate the potency of the medicament in the same degree in which its powers penetration increases.”113

Hahnemann’s ultimate goals in creating the Millesimal scale were:

- To accede to the highest curative capacities in severe and old chronic diseases, by means of a considerable increase of the remedy’s intensity given by increasing succussions for every potency.

- To decrease violent medicinal aggravations, in frequency and severity.

- To avoid Korsakov’s method, as it produces an irregular deconcentration, with erratic clinical responses.

- To avoid the use of dynamizing machines which make remedies of a “… furious and even dangerous violence”, as he warned in a note on paragraph 270 of “Organon”’s 6th edition.

- To avoid the need of using a large amount of flasks and alcohol.
To unify the method of preparing homeopathic remedies, that must continue being manual and with multiple flasks as in the Centesimal scale, which allows to compare experiences among different homeopaths.

To achieve very high dynamizations without the aid of illogical methods devoid of norms, as the continuous fluxion employed later.

On December 16, 1840, while living in Paris, Hahnemann indicated for the first time a remedy in the Millesimal scale. His patient M. Rousselot that day received Sulphur 10 L.M.\textsuperscript{114}

At present, to all the chaos regarding the norms to prepare homeopathic remedies, the following is added: as the Millesimal scale or LM, has, starting from the millionth a fluid phase and a dry phase in which globules are impregnated, it does not allow the use of dynamizing machines that employ Korsakov’s method, as it requires that the remedy only be in a liquid state.

Nevertheless, countless pharmacies and laboratories, tergiversating Hahnemann’s norms, prepare remedies on the Millesimal scale starting from the millionth only in the liquid phase so as to adapt them to Korsakov’s method, obtaining through this pharmaceutical practice, medicaments that do not belong to Hahnemann’s Millesimal scale, though they are sold as such.

Up to the millionth, or dry phase, Hahnemann’s method is compatible with the employment of triturating machines. From the millionth onwards, the procedure must be manual with multiple flasks and not with dynamizing machines which use Korsakov’s system.

The homeopathic doctor must be warned of these practices:

- when he observes severe symptoms of aggravation and of return.
- when cure does not begin and the remedy is well chosen.

All the effort that the doctor exerts in achieve the clinical record, which habitually takes two or more hours, and whose prescription is trusted to those pharmacies or laboratories, may be sterilized by the procedure above mentioned.

\textbf{He who considers these concepts as an exaggeration, may ignore the surprise that a doctor feels when he observes for the first time the marvelous results that the remedies of high dynamizations done manually with multiple flasks produce.}

These manual dynamizations may be reserved only to prepare antimiasmatic remedies for the treatment of Chronic Diseases, whose amount is no problem as their limited number varies between 60 and 80 substances.

In 1860 Bönninghausen commented an article by B. Fincke in which he affirmed that his experiences confirmed his own conclusions: \textit{dynamization done by manual shakings habitually do not cause symptomatic aggravations}, except when they are very numerous.\textsuperscript{115}

\textbf{One may well ask himself if human health is not worth more work implied in preparing homeopathic remedies manually and with multiple flasks, according to the norms given by homeopathy’s founder, as the therapeutic results are very superior.}

After so much disorder as to the norms to prepare homeopathic remedies, it is evident that the only trustworthy, systematic and comparable is:


For the up to date considered low potencies, Hahnemann’s method of the Centesimal scale, of manual procedure, of multiple flasks and 10 shakings per step, up to potency 30, explained in “Chronic Diseases”.

For high potencies, Hahnemann’s method of the Millesimal scale, manual procedure, that after the millionth has a fluid phase and a dry phase impregnation of globules, also with multiple flasks and 100 succussions per step, up to potency 30. His explanation is in the 6th edition of “Organon”, paragraph 270.

The rest pertains to the confusion caused by the delay in publishing the 6th edition of “Organon”, and is the cause of erratic clinical results and also the violent aggravations that have harmed patients and Homeopathy.

Conclusions

“If it is much easier to disintegrate an atom than a prejudice.”
Albert Einstein.

This historical review shows that Hahnemann’s seven last discoveries, which run from 1828 to the end of his life, are omitted in routine practice when treating Chronic Diseases, as it is usual that:

- Apsoric and antipsoric remedies are employed indiscriminately in treatments for maladies derived from the psora, forgetting how easily when using the former it changes its appearance without curing.

- The oral route used exclusively, disregarding the advantages of other medicinal routes of administration: inhalatory, which is the mildest and better tolerated, without losing dynamism, and percutaneous, which should be chosen in those entrenched diseases that require great depth in stimulating the Biologic Energy.

- Single Doses are prescribed, delaying or not achieving the cure of old and grave diseases, which are only cured by means of Multiple Doses and continuous treatment, which subjects the illness to an without declination medicinal activity and in a constant manner.

- To administer frequently the dry medicine, depriving the patient of the higher power and better tolerance that it emits in a solution, with an increase of “degree of potency”, and even omitting to indicate the dose, so the amount of globules to dissolve in the mouth is left to the patient’s decision.

- The Centesimal scale is nearly always indicated, sometimes the Decimal, in old and chronic diseases, depriving them of high dynamizations of the Millesimal scale.

- Remedies made by Korsakov’s method of a single flask are employed, they have an erratic deconcentration, instead of employing the manual method of multiple flasks, of Hahnemann’s Centesimal and Millesimal scales, whose deconcentration is regular.

It is evident therefore, that the homeopathic doctor has a great richness of therapeutic resources that are omitted in daily practice.

The last great discoveries of Hahnemann’s extraordinary genius tend towards making the daily prescription an art and not a routine.
SECOND PART

Beyond Hahnemann

The six new improvements

- Magnitudes of homeopathic remedies.
- Balance between both fundamental magnitudes.
- A new understanding of dynamization and of the expansion of the remedy’s energy field.
- The first balanced scale in homeopathy.
- Continuous treatment for years.
- A new method of medicinal impregnation to treat very hiperreactive patients.
CHAPTER I

Following Hahnemann’s footsteps

The Millionesimal scale.

“Observe, see and test by thyself”
Hippocrates.

“After all, empiricism is the basis of science”.
Claude Bernard

It is desirable to make clear that the concepts and findings that are here expressed, as in general those of all the second part of this book, were not achieved in a linear sequence as is followed in textbooks, as throughout the years there were advances, countermarches, tests, successes and errors as happens in every empirical science. With the same criterium, the dates are approximate.

With the object of presenting a revealing understanding of the concepts, they have been displayed here, as a summary of a succession of joined notions in the search of a remedy of deep effect and well tolerated.

In the year 1992, the Argentine Homeopathic Foundation was created, its mission was among other aims, the diffusion, the teaching and research of homeopathy.

Referring to one of its aims, which was to elaborate techniques and research in experimental laboratory in homeopathy, a thorough analysis of the methodology for Hahnemann’s Centesimal and Millesimal or fifty millesimal was carried out during the years 1991, 1992 and 1993. Throughout that period, the laboratory procedures and techniques were also systematized, in order to prepare them for experimentation.

It was vastly useful to have counted on the mathematical development of the Millesimal scale, not expressed by Hahnemann in the 6th edition of “Organon”, carried out by Dr. Horacio Zanetto, which allowed a thorough study of that scale.

For a long time, the author had systematically employed the Millesimal scale, orally by inhalations or percutaneously, always with the purpose of curing relatively recent Chronic Diseases, as also the old and severe ones.

Though in many cases cure was achieved, there was always an appreciable percentage in which results were not favourable due to aggravations, in spite of the correct choice of the similar remedy, therefore since 1994 the following experimental project was planned:

- Follow the path opened by Hahnemann, when he passed from the Centesimal to the Millesimal scale and **advocate the creation of a new scale of higher dynamization: the Millionesimal scale**.

- Study **the power of the new scale's dynamism in the severest Chronic Diseases**.

- Investigate how employing it **aggravations could be avoided or attenuated**.

Before broaching the following analysis, the fact that **homeopathic remedies are prepared by means of the process of successive Friction and Deconcentration** must be pointed out.

Throughout the book, the following terms may be associated among themselves as they allude to the same concept.
concentration - concentrated energy - intensity - friction, shakings and succussions.

As for these:
- deconcentration - extended or expanded energy - expansion or “liberation” - dilution.

Friction is achieved in a dry medium by rubbing the medicinal substance in the mortar, and in a fluid medium by shaking or by succussions of the flask with the substance in a solution.

Deconcentration is achieved in a mortar’s dry medium by separating the particles of the medicinal substance, employing lactose powder, and in an aquous medium by diluting it in alcoholized water.

Through the variation of these two processes: Friction and Deconcentration, homeopathy’s creator designed the Centesimal and Millesimal homeopathic remedies.

As was explained, shakings mean the vigorous movement of the arm that holds the flask, taking it from the opposite shoulder to the leg of the same side, this being the method used by Hahnemann for the Centesimal scale. Succussion means the knocks given with the flask to a book of leather binding or similar surface, being the procedure he employed for the Millesimal scale. Both methods refer to the remedy in a solution.

If Hahnemann in the Centesimal scale applied 10 shakings with a dilution of 1/100 per potency, to increase medicinal power he designed a new scale in which he could apply 100 succussions per potency, as he attributed all curative capacity to those succussions, considering the dilution as necessary but not therapeutic.

He estimated that to be able to apply those 100 succussions, for each potency, a dilution of 1/50,000 was necessary, also for each one, which was an estimated ratio, as no system of measures existed for both magnitudes.

As in the first scale he created dilutions were 1/100 per potency, it was named Centesimal scale (or Hahnemann’s Centesimal, or HC).

The last scale he designed has dilutions of 1/50,000 per potency, was named Millesimal scale (or fifty millesimal or LM), in correspondence with the Centesimal that precedes it.

In a similar manner the new experimental scale, for reasons displayed in the following figures, should have dilutions of 1/25,000,000 and would have been called Millionesimal (or twenty-five millionesimal, or MM).

Hahnemann’s estimation for conversion factors from the Centesimal to Millesimal scale were as follows:

<table>
<thead>
<tr>
<th>Shakings per potency</th>
<th>Centesimal scale</th>
<th>Factor</th>
<th>Millesimal scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>× 10</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Dilution per potency</td>
<td>1/100</td>
<td>× 500</td>
<td>1/50,000</td>
</tr>
</tbody>
</table>

\[116\ ] In Roman nomenclature, the symbol representing one million is the letter M with a horizontal bar over it, for practical reasons, it will be expressed by MM.
As it shows, Hahnemann multiplied shakings by ten (10) and dilution by five hundred (500).

Applying these same conversion factors to make the new Millionesimal scale of the experimental project mentioned previously, these results were obtained:

<table>
<thead>
<tr>
<th>Succussions per potency</th>
<th>Millesimal scale</th>
<th>Factor</th>
<th>Millionesimal scale</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100</td>
<td>× 10</td>
<td>1,000</td>
</tr>
<tr>
<td>Dilution per potency</td>
<td>1/50,000</td>
<td>× 500</td>
<td>1/25,000,000</td>
</tr>
</tbody>
</table>

The methodology chosen to work out what would become the Millionesimal scale was to follow all the procedure of Hahnemann’s Millesimal scale, with the sole addition of intermediate steps of dilution in each potency, to reach millionesimal (1/25,000,000) dilutions, and also giving 1,000 manual succussions for each potency.

Clinical experience with the Millionesimal scale.

“Failure is the clue of success”
Moríhei Ueshiba, creator of Aikido.

At the onset of 1994, an experimental test in volunteers was begun, and from then on to the end of that test, at the end of the same year, the results were disappointing.

The very high frequency of symptomatic aggravations, though not severe, as in general non oral entering routes were employed (percutaneous and inhalatory), led to deem this scale as not appropriate for current clinical use.

One repeated observation was the frequent apparition of psoric pruritus.

Only very seldomly, in hyporeactive volunteers, was it well tolerated and useful.

Though the frequency and amount of doses were decreased, though low potencies were employed, and even if the intakes were limited to the inhalatory route, the most appropriate to produce mild stimuli, the result in the great majority was the same: aggravation of clinical symptoms.

Several questions then cropped up:

If the conversion factors Hahnemann used to pass from the Centesimal to the Millesimal scale were respected, why did the new Millionesimal scale cause such frequent aggravations?

Is there a clinical limit to the increase of processes of Friction and Deconcentration? or put in another way: is there a clinical end for the very high dynamizations?

It is evident that to answer these queries it was necessary to experiment modifying factors that intervene in preparing homeopathic remedies.

The first decision adopted was to abandon the estimation of these factors and then, as if proceeding for the knowledge of medicinal activity, query Nature by means of systematic research to discover the cause of such frequent aggravations.

Due to the fact that in the making of homeopathic remedies, only two processes exist: Friction and Deconcentration, one of them was kept unchanged and the other was modified, as a means to identify the factors that incide in its tolerance and its curative capacity.

With the aim to preserve unchanged the achieved millionesimal deconcentration, it was decided to prepare remedies with four variants of the new scale in the following conditions:
- Keep unchanged all the procedure of Deconcentration or dilution of the Millionesimal scale, and observe the responses.

- Modify Friction or amount of succussions in the following four variants of the Millionesimal scale, and observe the responses.

- Millionesimal scale with 500 succussions per potency.
- Millionesimal scale with 100 succussions per potency.
- Millionesimal scale with 10 succussions per potency.
- Millionesimal scale with 5 succussions per potency.

During the two following years (1995/1996), experimental verifications of these four variants of the Millionesimal scale were carried out.

The technique to prepare this scale is not explained here as it was abandoned for another perfected newer one, which will be shown further on.
CHAPTER II

In search of balance

“Sit down like a small child and face the facts, and prepare yourself to abandon all preconceived notion; humbly follow wherever and to any chasm Nature leads or you shall learn nothing”.


At the beginning of 1995, the experimental verifications with the four variants of the Millionesimal scale were put into practice.

The first verifications were done on old chronic diseases, with remedies prepared with the variant of the Millionesimal scale, made with 500 succussions per potency.

Due to the fact that clinically the most hyperreactive patients are those called allergic, in whom their illness lies precisely in that pathological excessive response, and therefore present many aggravations during treatment, asthmatic volunteers were selected for these verifications in order to easily detect the slightest intolerance.

Aggravation means that as a consequence of the remedy’s activity, there is an increase of the present symptoms of the patient, while the return symptoms refer to the reappearance of previous symptoms, not evident at present.

Both, unless they be slight, usually are a sure sign of an excess of medicinal stimulus and the stronger the aggravation produced by the employed remedy, the weaker its curative effect, what is more, great aggravations virtually annul all therapeutic power of the remedy.

Expressing it in other words; to a better toleration or a larger absence of aggravation symptoms and/or returns employing the similar remedy, the process that leads to health is deeper. Therefore, this relation surged as the most sought for premise to reach the required curative depth. The relation between aggravation and cure was dealt with at the end of the Chapter: “1829. Discovery of New Routes for Administering Medicines”, under the subtitle: “Law of Overstimulation”.

The target then was to achieve remedies that do not produce symptoms of aggravation and/or return, or that these were very moderate and transient.

Return symptoms evoked by medicinal overstimulation, also shows the presence of a memory of previous sufferings.

It is understood that all the expressed refers to the similar remedy.

Time confirmed the criterium that if besides searching for the medicinal power of the new scale, better tolerance was also a goal, there were no better verifiers than the asthmatic volunteers, due to their enormous reactivity and their tendency to worsen which characterizes them.

If well tolerated remedies by asthmatics were achieved, tolerance would be excellent in all other patients with lesser reactivity.

The clinical results obtained with medicines made with 500 succussions per potency of the Millionesimal scale showed a slight but stimulating decrease of the aggravation and return symptoms compared to those made with 1,000 succussions.
This was a stimulus to pass without delay to the next variant of 100 succussions per potency of the Millionesimal scale, which took place at the beginning of 1996.

With this variant clinical responses surpassed all previous achievement, especially tolerance, though the frequency of aggravations still required a solution as they only improved very little in relation to those produced by the employment of Hahnemann’s Millesimal scale.

In spite of this, now we were certain to be on the right track, so with the hope of having at arm’s length the possibility of obtaining in hyperreactive patients better curative results in chronic diseases, than those achieved with all the known scales, we began verification of the two last variants proposed for the Millionesimal scale: with 10 and with 5 succussions per potency.

Now the clinical effects surpassed all expectations.

Asthmatic volunteers swiftly started and with astounding gentleness the path towards cure.

This cure, logically is related to the length of time illness set in, the reactive capacity of the Biological Energy of each patient in particular, and to the major or minor disorder or deterioration allopathic treatment may have caused, principally through prolonged use of corticoids.

At the end of 1996, it was evident that when comparing both variants of the Millionesimal scale, with 10 and with 5 succussions per potency, from the point of view of the experimental clinical results, one was not superior to the other.

There was no doubt that these marvelous clinical responses highly surpassed tolerance and capacity to reestablish health of the Centesimal, Millesimal and Millionesimal scales employed previously.

Through these last two variants of the Millionesimal scale had these astounding results, they did not reach the dynamic depth hoped for, nevertheless, they were deemed an enormous step in the right direction.

Then, what had to be understood was in which factors were lodged the capacity to cure and the almost absence of aggravations, precisely in patients with great reactivity.

Which was the clue?

Having understood that the goal of good tolerance could be achieved, what had to be understood were the phenomena that were displayed so clearly.

The clue was nearer but not wholly understood.

Again we had to stop for deep thinking.
CHAPTER III
The question of magnitudes.

“Matter is constituted by the regions of space in which the field is very intense. Field and matter do not exist as all is field”.
Albert Einstein.

“The particles are merely local condensations of the field; concentrations of energy that come and go thus losing their individual character and dissolving in the underlying field”.
Fritjof Capra

For the full understanding of the experiments of the previous Chapter it is evident that none of the factors there involved had to be estimated as what was needed was a system of measures.

The bad, fair or excellent therapeutic results obliged to a deep understanding of the processes at play, as experience was very rich and no doubt it held the looked-for clue.

Progress would not be made in these investigations without first counting on an accurate knowledge of the fundamental magnitudes of the homeopathic remedy, so at the onset of 1997 the utmost effort was exerted to establish the definition and measure of those magnitudes.

A revealing concept

The extraordinary assertions of Einstein and Capra that prologue this Chapter, in the sense that all is energy field in two different states according to its degree of intensity or concentration, opens our sight to the phenomena that intervene in that invisible and marvelous universe that awakes when dynamizing substances by means of the homeopathic method.

We call dynamization the process of energetic impregnation that successive Friction and Deconcentration give to medicinal substances subjected to the homeopathic elaboration method.

This dynamism possesses:

- energy in intense state or Concentrated Field, which is given by Friction and

- energy in extended state or Expanded Field, which is given by Deconcentration.

Therefore, both fields correspond to the concepts announced by Einstein when he affirmed that all is energy field in two states, according to its degree of intensity or concentration.

Actually both are only states of a single energy field in which when more intensity is applied, a higher expansion of it is required so the medicine be balanced as to its tolerance and capacity to cure.

Thus, during the process of dynamizing the energy field that is being intensified by friction accedes to the state of Expanded Field, through deconcentration in the mortar adding lactose, and through dilution adding alcoholized water to the flasks when it is in solution.

And, the state of Concentrated Field appears when the intensity reaches a high charge in the energy field as a consequence of friction in the mortar that contains the dry substances, and from shakings or succussions of the flasks that contain them in solution, which is also friction.
Simple dilution, “devoid of all therapeutic activity” belongs to the realm of chemistry, but dynamized substances are in the realm of energy, and in it all is field with a major or minor expansion and concentration.

**Concentration as deconcentration** (for reasons which shall be expressed in Chapter VI), enhance the medicinal capacity of the energy field of substances when they are dynamized and thus develop the extraordinary capability to stimulate the Biologic Energy.

Even if the field’s intensity decreases when it is deconcentrated, what is fundamental is that at the same time it expands significantly, which enables it to exert its optimal therapeutic potential.

Therefore, the curative capacity is in direct ratio to the degree of expansion of the energy field as clinical observation verifies.

What follows is to refresh what was expressed at the beginning of Chapter I of this Second Part, in the sense that the following terms may connect one to the other as they refer to the same concept:

- concentration/concentrated energy/intensity/friction, shakings and succussions
- deconcentration/extended or expanded energy/expansion or “liberation”/dilution

The simple medicinal substances not subjected to successive concentration and deconcentration, makes these act chemically and not on account of their energy or dynamism, just as what happens with allopathic remedies.

By introducing the notion of field of energy in expanded and concentrated states, replacing the concepts of simple dilution and friction, a new scene opens to the understanding of these phenomena.

If the referred states of the Field of Energy could be considered isolated one from the other, it may be proved that the Concentrated Field lacks curative ability because it is an excessive energy and therefore clinically “violent”, whereas curative energy may cure only when “liberated”, as when it is the state of Expanded Field.

Nevertheless, as both are part of a sole energy field, one cannot act independently from the other, though to cure they must keep a harmonic relationship.

During the dynamizing cycle the process continues to increase concentration and expansion of the field of energy, as one of their characteristics is accumulation.

As it does not return to previous states, it is irreversible, and also it is almost illimitable as at present the moment when its dynamism stops stimulating Biologic Energy is not known.

The conclusion is: that the development of dynamization is a process that is:

- Cumulative
- Irreversible
- “almost Illimitable”

Summing up, as the process that both fields follow is cyclic (concentration – expansion – concentration …) it may be considered that in space it represents an imaginary trajectory of a double helicoid (see following figure).

---

Dynamization cycle of the homeopathic remedy

SIMPLE SUBSTANCE

CONCENTRATED FIELD + INTENSITY
ENERGY CONCENTRATES

EXPANDED FIELD
- INTENSITY
ENERGY EXPANDS
OR IS “LIBERATED”
• The same double helicoid figure was designed by Leonardo da Vinci for the construction of the central staircase of the Castle of Chambord belonging to Francis I, King of France, on the banks of the river Loire. On it, two people may descend, each one on his own helicoid following independent trajectories, just as with the Fields, though both belong to the same double helicoid.

The double helicoid which represents these phenomena must not be confused with a spiral, as the former revolves around a cylinder, and the latter around a cone.

The dynamized substance subjected to a succession of Expanded Field and Concentrated Field states, progressively displays its medicinal capacities making the hidden and latent therapeutic qualities more noticeable.

That is called dynamization, and it is precisely what gives substances the extraordinary capability to stimulate Biologic Energy, so as to recover its lost balance.

Moreover, the dynamized medicine not only stimulates Biologic Energy, but also directs the stimulus towards the symptoms to be treated, which is achieved by choosing the similar medicine.

Therefore, each medicine bestows Biologic Energy an exclusive orientation according to the symptoms it shall cure, so it is possible to affirm that that Energy may be stimulated in as many directions as extant remedies.

The above mentioned explains the failure of treatments that administer several medicines at the same time as Biologic Energy is incapable of reacting therapeutically in several simultaneous directions.

Biologic Energy stimulated by the single substance so dynamized and chosen for similarity is the greatest curative power extant in Nature.

It is as if the succession of linked energetic states of Expanded Field – Concentrated Field – Expanded Field, which we call dynamization, were a powerful double helicoid that bores and penetrates into the intimate nature of substances, awakening its dormant curative potentiality.

Both states of energy have a relationship that may or may not be in therapeutic balance.

If the Concentrated Field is excessive in relation to Expanded Field, therapeutic activity is “violent”, according to Hahnemann’s warning. Conversely, if it is scarce, it does not provide better therapeutic results and hampers laboratory work.
When the states of Concentrated Field and Expanded Field are in harmonic relationship, they are in an optimal therapeutic agreement, and then the remedy has the utmost capacity to stimulate Biologic Energy so it may reach its balance.

In short, when the field of energy is more concentrated or intensified, a greater expansion or “liberation” is required from it.

In consequence, Concentrated Field and Expanded Field constitute the two basic magnitudes of the homeopathic remedy.

Even if the expressed must be deemed as a simplified hypothesis on the process of dynamization of substances, there probably does not exist at present an interpretation of what happens in it, that explains it better, and that penetrates deeper into the nature of this extraordinary phenomenon.

Lastly it must be admitted that the marvelous interaction between the energy of dynamized substances and Biologic Energy is a phenomenon even devoid of a true explanation, and perhaps its intimate nature will never be known.
CHAPTER IV

Magnitudes of the homeopathic remedy

“... I affirm that the notion of “normal size” is arbitrary and does not exist in Nature. There is a purely human prejudice that decrees that the sizes that run from a flea’s to that of a hippopotamus’ are normal; but the size of a hydrogen atom or of the Milky Way though not normal for us, are perfectly normal for Nature. For all these reasons, arguments over the infinitesimal dose seem to have no sense”.

Salvador de Madariaga118

As a result of the investigations related in the previous chapter, during the first half of 1997 all effort was centered in achieving in homeopathic remedies:

- To define and measure Concentrated Field and Expanded Field.

- To define and measure Dynamism and the Ratio, magnitudes that link both fields.

- Discover the value of Balance, or optimal therapeutic ratio between Concentrated and Expanded Field.

- Apply the measurements of these magnitudes to all the known scales.

- Continue research begun in 1991, to reach the ideal of achieving:
  Deep dynamism,
  Maximum curative capacity and
  Optimal tolerance.

After countless tests of trial and errors, in the middle of 1997, we were in condition to establish and calculate the magnitudes, apply them to known scales and make noticeable the direction in which the research must proceed.

The first consideration taken into account referred to the definition of those two basic magnitudes that intervene in the development of dynamization of medicinal substances in the process to make homeopathic remedies: Concentrated Field and Expanded Field.

1. Concentrated Field or intense state of energy field.

   Energy field may acquire through high friction a high charge of energy, in which case it is called intense or Concentrated Field.

   We may then define:

   **Concentrated Field (CF): is the measure of the state of the field energy with a high charge.**

   Friction given to the medicinal substance originates its field of energy which increases its intensity when friction is greater. Thus, the field acquires a high energy charge.

   Friction is achieved in a dry medium by rubbing the substance with lactose powder in a mortar, and in a fluid medium, by shaking or succussing the substance in alcoholized water.

---

There is no doubt that Concentrated Field is a cumulative magnitude, so its measure must reflect this property.

Measure of Concentrated Field: it is measured by the number of the accumulated sum of shakings or succussions in the considered medicinal potency.

For example:

- Concentrated Field of potency 12 HC (Hahnemann Centesimal)
  Shakings per potency: $10 \times 12 = (CF) 120$

- Concentrated Field of potency 30 LM (Fifty millesimal):
  Succussions per potency: $100 \times 30 = (CF) 3,000$

2. Expanded Field or deconcentrated state of energy field.

   The energy field that is being intensified by friction, accedes to the state of Expanded Field when it deconcentrates by means of the addition of lactose to the dry substances, or alcoholized water to the substances in a solution.

   In this case, even if the energetic concentration decreases by effect of the greater expansion of the field, this expansion precisely has therapeutic relevance.

   Dynamizations are more active when the Concentrated Field increases, which is an index of the intensity given by friction, and also when the deconcentration of the Expanded Field increases, as in that case “a liberation effect” is produced or an unfolding of the energy generated by its expansion.

   Actually these phenomena, seen from the New Physics, are much more complex, and include the concept of increase of velocity (energy) of the particles, directly proportional to the separation or deconcentration among them.

   Both states of energy, Concentrated and Expanded Field, also have an accumulative character and the dynamizing process which originates them is irreversible.

   No doubt that to understand what happens in the marvelous phenomenon called Dynamization, a long road must still be traveled.

   To the effect of defining the phenomenon called Expanded Field, from this new point of view, the notion of the meaning of its expansion or “liberation” is sufficient.

   So we may define:

   Expanded Field (EF): is the measure of the state of the energy field that has been intensified by friction without attaining a high charge, but is very deconcentrated.

   It originates and increases by expansion of the energy field which is achieved in the dry medium of the mortar, by separating the substance’s particles employing lactose powder, and in an acquous medium by diluting the medicinal substances in alcoholized water.

   Actually the Expanded Field is simply the field of influence of the Concentrated Field, both states correspond to a sole entire field of energy.

   This is also an accumulative magnitude, thus its measure must reflect this property.

   Measuring the Expanded Field: it is measured by the value of the exponent of the mathematical power of base 10 of deconcentration or accumulated dilution, in the considered medicinal potency.
For example:

- Expanded Field of potency 12 HC:
  Dilution of potency: $12\text{HC}:10^{24} = (\text{EF}) 24$

- Expanded Field of potency 30 LM:
  Dilution of potency: $30\text{LM}:10^{147} = (\text{EF}) 147$

In consequence, it is the exponent of the accumulated dilution in the considered medicinal potency, which indicates the degree of deconcentration, extension or “liberation” of the energy of the Expanded Field.

Taking as definitions of both magnitudes (CF and EF) the chosen above, we have parameters that bestow a trustworthy value to the intensity generated by friction, and to the expansion produced by deconcentration.

The higher the value of the Concentrated Field, the higher is the intensity generated by friction has the remedy; the higher the value of the Expanded Field greater is the expansion of the energy field by deconcentration has the remedy. Conversely the numbers decrease in the same manner.

Taking into account the definitions of Concentrated Field and Expanded Field, and the measuring system for each of these magnitudes, we shall see how these values become a most useful tool to relate them to the clinical evaluation, and they fill an enormous void in homeopathic doctrine.

As homeopathy has at its disposal these concepts, for the first time two other magnitudes which to date were estimated, may now be calculated: the measure of Dynamism or the capacity to stimulate Biologic Energy and the measure of the Ratio or degree of therapeutic accord between both basic magnitudes (CF and EF) which is an index of tolerance and curative capacity of the homeopathic remedy.

3. **Dynamism.**

Dynamism (D): is the measure of the capacity of the remedy to stimulate Biologic Energy.

It constitutes an index of the depth in which the medicament operates, showing the activity of the Concentrated Field, in the extension of its Expanded Field of influence, and is related to the gravity and/or time of evolution of the disease to treat.

It is a fact that the greater the intensity generated by friction has the Concentrated Field, and the greater the deconcentration of energy has the Expanded Field, the greater will be the capacity of the remedy to stimulate Biologic Energy.

Therefore, the dynamism of the remedy must be considered as a product of both values.

This is also an accumulative magnitude, so its value should reflect this property.

Measuring Dynamism (D): it is measured multiplying the value of Concentrated Field by the value of Expanded Field, in the considered medicinal potency.

Taking the previous examples:

Dynamism (D) of potency 12 HC:
$\text{(CF)120 } \times \text{(EF)24} = (\text{D}) 2,880$

Dynamism (D) of potency 30 LM:
From the high figures of this index, comes the need – especially for high potencies – to establish a unit called Dynamic Unit (DU), that allows the employment of smaller numbers.

Considering as Dynamic Unit the value corresponding to Dynamism of the last potency of Hahnemann’s Centesimal scale, or 30 HC, the most universal of potencies, conditions were set to define it so:

**Dynamic Unit (DU): is the Dynamism of the last potency of Hahnemann’s Centesimal scale, or 30 HC, whose Concentrated Field is 300, and its Expanded Field is 60, therefore its value is 18,000.**

\[
\text{Dynamism (D) of potency 30 HC:} \\
\text{Concentrated Field of potency 30 HC: (CF) 300 (10×30)} \\
\text{Expanded Field of potency 30 HC: (EF) 60 (10^{60})} \\
\text{Dynamism (D) of potency 30 HC: (CF) 300 × (EF) 60 = 18,000 or (DU)=1}
\]

Taking the previous examples to determine their Dynamic Units:

Dynamism of potency 12 HC: (D) 2,880 : 18,000 = (DU) 0.1
Dynamism of potency 30 LM: (D) 441,000 : 18,000 = (DU) 24.5

In this manner, measuring Dynamism with Dynamic Units we employ smaller figures which makes calculating much easier.

The other magnitude that arises from the concepts of Concentrated Field and Expanded Field is that of Ratio, which measures the harmony between both magnitudes, and will be treated as follows:

**4. Ratio.**

**Ratio (R): is the measure of the therapeutic accordance between Concentrated Field and Expanded Field of the remedy.**

It measures the synergy that governs the joint action between these two magnitudes and constitutes one of the principal factors of tolerance and therefore the curative capacity of the medicines.

It is a magnitude that has an enormous relevance in the conception of scales of homeopathic remedies.

**Measuring Ratio (R): it is measured by the quotient from dividing the value of Concentrated Field by the value of Expanded Field in the considered medicinal potency.**

Example:

Ratio of potency 30 HC.
\[
\text{CF 300/EF 60 = (R) 5}
\]

Ratio of potency 30 LM.
\[
\text{CF 3000/EF 147 = (R) 20 . 4}
\]

This magnitude is of utmost importance in the treatment of diseases, as there exists a relation or quotient of optimal Balance between concentrated Field and Expanded Field so that both exert the maximum therapeutic synergy.

The nearer this quotient is to this value, the remedy will be better tolerated and more curative, the opposite happens when it is higher in respect to the value of Balance.
Inferior quotients to the value of Balance do not give better therapeutic results and make laboratory work difficult.

Summing up, the four magnitudes are:

- **Concentrated Field** or measure of the state of the energy field with high intensity.
- **Expanded Field** or measure of the state of the very deconcentrated energy field and devoid of great intensity.
- **Dynamism** or measure of the capacity to stimulate Biologic Energy.
- **Ratio** or measure of the therapeutic accordance between Concentrated Field and Expanded Field.

They allow to quantify and compare Hahnemann’s Centesimal scale (HC) and Millesimal scale (LM), and also the new Equilibrium scale (Eq) a product of more than a decade of tests, which is displayed on a chart in the next chapter.

To be able to relate these scales one to the other, in all of them we must start from the millionth, achieved after three hours of trituration in the mortar, according to norms laid down by Hahnemann, in order that the initial degree of the Concentrated Field and that of the Expanded Field in the dry phase be uniform in all.

These magnitudes are not applicable to medicines obtained by dynamizing machines that employ Korsakov’s method, as their irregular deconcentration does not allow a sure measure of the Expanded Field in remedies made this way, even less for the continuous fluxion method, as its complete lack of common sense and of norms do not allow it to be qualified as a coherent method.
CHAPTER V

The clue is revealed.

Finding the value of Balance.

“To understand is not arriving at some logical conclusion, it is not an intellectual movement, it has no relation whatsoever with thought.

We understand when the Intelligence that is not from the mind, as neither are Life nor Love, illuminates us”.

Jorge Torrent.

“To understand what is, does not require time but only complete observation”.

Jiddu Krishnamurti.

As we now have the magnitudes of the homeopathic remedy, one may understand where is the clue to its mild action, its good toleration and deep activity.

The magnificent clinical results of experimentation on asthmatic volunteers, with the two last variants of the Millionesimal scale referred in Chapter II of this Second Part, illuminating concepts arise which reveal the reason of those astounding effects.

Thus it is evident that the explanation lies in the values of Ratio as in the referred Millionesimal scales, with 10 and with 5 succussions, such amazing results are a consequence that their values of Ratio are notoriously different to those of the other scales.

The much sought for clue lies in the value of Ratio where the quotient between both fields (CF/EF) expresses the greater therapeutic concordance or harmony between them in order to exert the maximum therapeutic synergy.

In practice, facing a determined intensity of Concentrated Field, to what extent must the Expanded Field be deconcentrated?

Conversely, facing a certain deconcentration of the Expanded Field, what intensity must be applied to the Concentrated Field?

The chart which will be shown clarifies the previous queries and from it we may understand the phenomenon which could not be understood before due to the lack of magnitudes.

This balanced or harmonic Ratio between the Concentrated Field and the Expanded Field expresses the synergy of the joint action of both. It is in the excellent therapeutic concordance of its linked activity where lies the secret of these astounding results, and the crucial datum consists in achieving the optimal value of the Ratio in the quotient (CF/EF), that is in acceding to the maximum balance between them.

Both magnitudes, Concentrated Field and Expanded Field, in an adequate proportion, may produce marvelous curative responses, mild and at the same time deep, the condition is that they keep a harmony between them, besides appealing to the art of prescribing according to the route of intake, to the best choice of frequency between doses and the remedy according to the law of similarity.

Achieving this optimal value of therapeutic concordance is to accede to that crucial point where the highest synergism between both magnitudes arises, which vanquishes old and grave Chronic Diseases.
This optimal relationship was the most sought for goal of these tests, achieving at the
day of 1997 the value of maximum balance, which later constituted the core of a new scale of
homeopathic remedies, in which each one of its potencies preserves that relationship of
unsurpassable synergy.

Throughout these years of experiments, ten scales were rejected, but each one of them
made a progressive approximation to the sought ideal.

In the conception and in the results of the eleventh scale that goal was achieved when
for each one of its potencies the value of Balance in the Ratio between the Concentrated Field
and the Expanded Field was reached. Thus the purpose of attaining a greater curative capacity
and a better tolerance for the remedy was accomplished.

**As a consequence of these investigations we reached the iterated confirmation that
the sought for Balance has the value of 1 (one), and may be expressed as:**

**Balance (B) = (CF)/(EF) = 1**

For example, a potency that has 500 accumulated succussions (CF 500), must have a
deconcentration or accumulated dilution of \(10^{-500}\) (EF 500), for its Balance to be 1 (one).

\[
\frac{\text{CF}}{\text{EF}} = \frac{500}{500} = 1
\]

In this relation of optimal harmony, its capacity to cure and its tolerance shall be at a
maximum.

**In the following chart, when applying the magnitude Ratio to the scales of
homeopathic remedies, a bandage falls from our eyes and the fundamental importance of
the value of Balance (B=1) in medical practice is revealed in all its significance.**

Clinical observation shows how the degree of tolerance and therefore its capacity to
cure depends entirely on the proximity to or distance from the Ratio value of one (1).

<table>
<thead>
<tr>
<th>Scale</th>
<th>Shakings or succussions per potency</th>
<th>Deconcentration</th>
<th>Final Ratio (R)</th>
<th>Tolerance and curative capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>(*)</td>
<td>10</td>
<td>(10^{40})</td>
<td>300/60 = 5</td>
<td>Good</td>
</tr>
<tr>
<td>30 HC</td>
<td>10</td>
<td>(10^{60})</td>
<td>300/30 = 10</td>
<td>Sometimes not acceptable</td>
</tr>
<tr>
<td>30 X</td>
<td>100</td>
<td>(10^{30})</td>
<td>3000/147 = 20</td>
<td>Many times not acceptable</td>
</tr>
<tr>
<td>30 LM</td>
<td>200</td>
<td>(10^{147})</td>
<td>6000/60 = 100</td>
<td>Very bad</td>
</tr>
<tr>
<td>30 cC</td>
<td>500</td>
<td>(10^{228})</td>
<td>15000/228 = 65</td>
<td>Bad</td>
</tr>
<tr>
<td>30 MM</td>
<td>100</td>
<td>“</td>
<td>3000/228 = 13</td>
<td>Sometimes not acceptable</td>
</tr>
<tr>
<td>30 MM</td>
<td>10</td>
<td>“</td>
<td>300/228 = 1,31</td>
<td>Excellent</td>
</tr>
<tr>
<td>30 MM</td>
<td>5</td>
<td>“</td>
<td>150/228 = 0,65</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

(* ) HC is Hahnemann Centesimal; X is Decimal; LM is Hahnemann Millesimal; cC is current
Centesimal done with a dynamizer, employing Korsakov’s method, and MM is Millionesimal.
Deconcentration or Expanded Field of potency 30 current Centesimal done with a dynamizer
employing Korsakov’s method, actually cannot be measured, as its deconcentration is erratic.
Here it was imagined as having a regular deconcentration only as a didactic aim.

From this chart the notable evidence points out that:

- The optimal value of Balance is around 1 (one).
- The HC scale is distanced 5 points from the Balance value.
- The X scale is distanced 10 points from the Balance value.
- The LM scale is distanced 20 points from the Balance value.
- The cC scale is distanced 100 points from the Balance value.

(the Millionsimal scale – and its variants – was abandoned in favour of a more balanced one).

These values per se explain the good, fair and bad results observed clinically.

The potencies made by continuous fluxion are not compared here due to the reasons mentioned previously.

As we see in the previous chart, the instruction to apply 200 or more succussions to each potency in the current Centesimal scale (instead of 10) by means of dynamizing machines that employ Korsakov’s method, while this is not based on experimental laboratory findings relating it to clinical observation, alters and denatures the norms given by Hahnemann, outcome of meticulous tests and counterevaluations carried out for years. They produce the “furious and even dangerous violence” which he pointed out.

Remedies prepared in this manner have in the last potency 6,000 or more accumulated succussions instead of 300, so its Ratio values pass from being 5 points away from Balance to 100 points away, in consequence change their clinical responses from Good to Very Bad.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Shakings or succussions per potency</th>
<th>CF</th>
<th>Deconcentration</th>
<th>EF</th>
<th>Ratio</th>
<th>Tolerance and curative capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 HC</td>
<td>10</td>
<td>300</td>
<td>10⁻⁶⁰</td>
<td>60</td>
<td>300/60 = 5</td>
<td>Good</td>
</tr>
<tr>
<td>30 cC</td>
<td>200</td>
<td>6,000</td>
<td>10⁻⁶⁰</td>
<td>60</td>
<td>6,000/60 = 100</td>
<td>Very Bad</td>
</tr>
</tbody>
</table>

Every day, patients and doctors are witnesses of the results due to this baseless pharmaceutical practice by ignoring Hahnemann’s norms and by omitting the cumulative character of the Concentrated Field (shakings or succussions).

In the next chart, compare the following four potencies, the last one belongs to the new scale Equilibrium, which will be explained in its proper Chapter.

All have the same Concentrated Field value, but different values for the Expanded Field, therefore their Ratio values are not the same.

<table>
<thead>
<tr>
<th>Potency</th>
<th>CF</th>
<th>EF</th>
<th>Ratio</th>
<th>Tolerance and curative capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 LM (Millesimal)</td>
<td>300</td>
<td>21</td>
<td>14</td>
<td>Sometimes not acceptable</td>
</tr>
<tr>
<td>30 X (Decimal)</td>
<td>300</td>
<td>30</td>
<td>10</td>
<td>Sometimes not acceptable</td>
</tr>
<tr>
<td>30 HC (Hahnemann)</td>
<td>300</td>
<td>60</td>
<td>5</td>
<td>Good</td>
</tr>
<tr>
<td>7Eq. (Equilibrium)</td>
<td>300</td>
<td>300</td>
<td>1</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

As we can see, the curative responses are very different and the clue to a better curative capacity lies in “unfurling” the Expanded Field so that the Ratio between it and the Concentrated Field (CF/EF) be 1 (one).
Not all the attention must be given to the Concentrated Field giving the greater number of shakings or succussions possible, ignoring the importance of the Expanded Field as the latter is indispensable to be able to reach the value of Balance = 1 (one).

In curative results it is not the same having a Concentrated Field of 300 with an Expanded Field of 21 which in potency 3 of the Millesimal scale has a Ratio value of 14, than having the same Concentrated Field with an Expanded Field of 300 which in potency 7 of the Equilibrium scale has a Ratio value of 1.

In short, the excellence in tolerance and also its full capacity to cure are placed around the value of Balance = 1 (one), as in that Ratio the degree of energy “liberation” keeps an optimal relationship with its concentration.

Many of the Ratio’s values displayed in the previous charts explain per se the frequent aggravations and the bad medicinal tolerance that are observed in daily practice, harming the patients and harmful for homeopathy.

Bearing in mind that Balance (B) has a value of 1 (one), in the first chart displayed in this Chapter, one notices that no scale has that exact relation, though the two last Millionesimals clinically have that value and to that end the difference between them is irrelevant.

From the results that the chart exhibits, it is noteworthy that tolerance and curative capacity are excellent with values around 1, good in value 5, and from there on both capacities become bad and very bad responses according to their progression.

Therefore, it may be affirmed that the ideal scale is the one that in each of its potencies has the Balance equal to one (B = 1).

Remedies prepared in a way that the quotients between the referred magnitudes be inferior to the value of 1 (one) also have an excellent curative and tolerance response as those of Balance, but they hamper laboratory work due to the large amount of flasks required for their preparation, conclusion reached after testing an experimental scale with a value of R = 0.33 and EF = 2296 (10^{-2296}) which demanded the use of more than 600 flasks.

Having at our disposal the concept of Balance, this can be applied in examining the scales referred to in the chart, which had to have the following amount of shakings per potency to be able to reach the value of Balance:

<table>
<thead>
<tr>
<th>Scale</th>
<th>Shakings or succussions per Potency</th>
<th>Ratio (R) in the end potency</th>
</tr>
</thead>
<tbody>
<tr>
<td>HC</td>
<td>2</td>
<td>60/60 = 1</td>
</tr>
<tr>
<td>X</td>
<td>1</td>
<td>30/30 = 1</td>
</tr>
<tr>
<td>LM</td>
<td>5</td>
<td>150/147 = 1 (approx.)</td>
</tr>
<tr>
<td>cC</td>
<td>2</td>
<td>60/60 = 1</td>
</tr>
<tr>
<td>MM</td>
<td>8</td>
<td>240/228 = 1 (approx.)</td>
</tr>
</tbody>
</table>

We must remember that Hahnemann achieved the exact value of Balance when he gave two shakings per potency in the Centesimal scale, as he wrote in “Chronic Diseases”. Nevertheless, as he intended to increase shakings and at the same time avoid aggravations, he increased them to 10 shakings per potency and 10 more shakings previous to each one of the multiple doses diluted “in a large amount of water”, observing that the remedy was of an acceptable tolerance. He called this procedure “variation of the degree of potency”.

What follows is that to preserve the value of Balance in the Millesimal scale and apply to each potency 100 succussions, Hahnemann would have had to reach a deconcentration or final dilution 20 times greater. Each potency would have had a deconcentration of 1/1,000,000 instead of 1/50,000.
There is a widespread ignorance of the fundamental importance of the cumulative character of succussions, which The Teacher had pointed out, due to the lack of experimental laboratory work related clinically for the training of homeopathic doctors. In homeopathic textbooks referring to the preparation of medicines in the Centesimal scale, it is indicated that to each potency 50 to 100 shakings may be given, that is to say for potency 30 it would mean 1,500 and 3,000 accumulated shakings respectively, considering erroneously that one as the other of the remedies obtained in this manner are similar in their therapeutic responses.

These figures are impressive when compared with those employed by Hahnemann in the Centesimal scale: 10 shakings per potency and an accumulated final of 300 of them.

The Concentrated Field cannot be evaluated without taking into account the accumulative character that this magnitude has in the considered potency, and the same happens in the Expanded Field.

The great relevance in respect to its curative effects that Hahnemann assigned to the difference of applying 2 or 10 shakings per potency in the Centesimal scale, expressed in his work “Chronic Diseases”, gives us an idea of the significance of this factor.

He who bears in mind the cumulative character of shakings and succussions, and relates work in the experimental laboratory with clinical practice, may verify with certainty what was previously expressed.

In reference to the clinical importance of the accumulation of shakings, the reader is referred to the First Part of this book, Chapter II, corresponding to the Centesimal scale where it is treated under the title “The cumulative character of friction or shakings”, in which it relates that Hahnemann compared the activity of Drosera prepared with 20 and with 2 shakings per potency, affirming that the former endangers the patient’s life, the latter cures.

We iterate that deconcentration or Expanded Field of potency 30 current Centesimal, made with a dynamizer using Korsakov’s method, actually cannot be measured due to its erratic behaviour. In the previous and following charts it was imagined as having a regular deconcentration, only as a didactic procedure, and not forgetting that there are no trustworthy assessments that allow us to know its real value of Expanded Field.

In remedies obtained by Korsakov’s method with widespread dynamizing machines which apply 300 succussions per potency altering even more Hahnemann’s Centesimal scale which only gives 10 manual shakings per potency, the calculation of Dynamism of potency 30 current Centesimal that is displayed in the following chart proves its dangerousness.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Shakings or succussions per potency</th>
<th>Accumulated shakings or succussions</th>
<th>Deconcentration</th>
<th>Dynamism</th>
<th>Dynamic Units (UD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 HC*</td>
<td>10</td>
<td>300</td>
<td>10^-60</td>
<td>300 × 60 = 18,000</td>
<td>30 × 60 = 1800</td>
</tr>
<tr>
<td>30 cC*</td>
<td>300</td>
<td>9,000</td>
<td>10^-60</td>
<td>9,000 × 60 = 540,000</td>
<td>540,000</td>
</tr>
</tbody>
</table>

* (HC is Hahnemann Centesimal and cC is current Centesimal made with a dynamizer using Korsakov’s method).

The value of Dynamism 540,000, or of 30 DU of this potency current Centesimal is extremely high, as it surpasses Dynamism of potency 30 LM, which is of 24,5 DU and is 3,000% greater than the 30 Hahnemann Centesimal.

Likewise we can understand the enormous unbalance shown by the calculation of the value of its Ratio.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Ratio (R)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 HC</td>
<td>300/60 = 5</td>
</tr>
</tbody>
</table>
This value of Ratio, distanced 150 points from the value of Balance explains the violent aggressiations that so frequently are seen in daily practice. Let the reader imagine what happens with potencies 1,000, 5,000, 10,000 and higher of the current Centesimal scale, made with a dynamizer employing Korsakov’s method.

The two previous charts show that the potency 30 current Centesimal with 30 Dynamic Units, and a Ratio value of 150, made with a dynamizing machine using Korsakov’s method, has a value greatly distanced from the optimal therapeutic concordance, therefore it is a very decompensated medicine, and on account of the great Dynamism it has, it exerts its activity very deeply, therefore it brings about an unbalanced and violent stimulus to Biologic Energy.

Nevertheless, as we expressed previously, due to the fact that deconcentration produced by Korsakov’s method of a single flask is irregular, its consequences not always have the dangerousness they should have if this accumulated deconcentration were regular, and is at the same time the reason why these magnitudes are not applicable to remedies made with this method.

With Ratio values higher than 1 (one), the more energy in concentrated state is transferred to the expanded state, the remedy will have a better curative activity as in the case of high quotients, energy is pure medicinal violence.

It is possible that curative energy may act only under the state of Expanded Field, though this and Concentrated Field constitute a one and only field of energy.

This is demonstrated by intensifying exclusively the Concentrated Field, applying numerous shakings for a long time to a medicinal solution without diluting it, which makes it clinically intolerable.

Summing up:

- Concentrated Field (CF) is constituted by the energy generated by the high intensity applied, whereas the Expanded Field (EF) is the field of influence of that former and expresses the degree of “liberation” of that energy.

- Dynamism (D) is the sum of the high charge (CF) and the expansion of its field of influence (EF) and measures the capacity of both of them to stimulate Biologic Energy.

- Ratio (R) is the degree of harmony between the Concentrated Field and the Expanded Field (EF), and measures the therapeutic concordance between both states.

The greater the intensity applied, greater expansion or “liberation” of its field of influence is required.

- The optimal point of this therapeutic concordance is the value of Balance (B).

Therefore, the curing capacity of a remedy for its use in continuous treatment of Chronic Diseases is linked to:

- that the chosen remedy be the only one and similar especially in its peculiar symptoms, and it be an antipsoric if it’s a non venereal chronic disease, which will be prescribed in series with other antipsorics.

- the appropriate choice of the scale whose value of Ratio be the closest to the value of Balance (B = 1);

- the appropriate choice of potencies that shall be used in increasing dinamization, starting by the lowest;
- the appropriate choice of intake route;
- the appropriate choice of frequency of doses and
- the appropriate choice of amount of dose to prescribe.

The notion of optimal therapeutic concordance (CF)/(EF) or of maximum synergy expressed by the value of Balance is one of the most important results of this work of experimental laboratory carried out after 15 years, it is also one of the reasons for writing this book.

A central issue already related was the search for this (CF/EF) optimal correspondence, which was clinically revealed through the therapeutic responses.

Another fundamental aspect was the understanding of the entity called Expanded Field and its function in the Dynamism of the homeopathic remedy, which shall be treated in the next Chapter.
CHAPTER VI

The expansion of the energy field of the remedy.

“... perceive the essential to understand the multiple”.
Lao Tse.

When Hahnemann designed the Centesimal and Millesimal scales, his main goal was to apply to each potency the greatest possible amount of shakings or succussions, as the greater the amount, greater would be its capacity to reestablish health.

He assigned all the curative aptitude to those shakings or succussions, qualifying dilution as “devoid of all therapeutic activity” and only destined to “moderate the strength of the medicament”.

“This notable transformation of the properties of natural substances due to the mechanical action of friction and succussion (and by adding a neuter substance, solid or liquid, that serves as a permanent substratum to the particles of matter so transformed to be separate) develops and enhances its dynamic forces, latent, masked, as by this procedure the mechanical activity alters even the elemental structure of the matter”.

Hahnemann then attributed to friction done in the mortar with the dry remedy or by shakings or succussions with the remedy in fluid, all the development of the medicinal powers and all the capacity to “increase its power of penetration”, deeming deconcentration or dilution as “non medicinal” and “devoid of all therapeutic activity”, which plays “an indispensable but accessory role”, “only a secondary condition”, and whose sole object is to “moderate the strength of the medicament” in the same degree its friction is increased.

He thought that there must be a correspondence or relation between shakings or succussions and dilution, and this relation linked both magnitudes.

In practice, he did not doubt that for a greater friction (shakings or succussions) he needed to achieve greater deconcentration (dilutions) of the remedy to avoid aggravations.

He could not increase the amount of shakings or succussions as he intended, without increasing the dilution of which he thought as “only a secondary condition”, in a proportion he had to estimate.

Summarizing his convictions:

- All medicinal activity is given only by friction (shakings and succussions).

- Deconcentration or dilution is necessary but not active: “only an accessory condition devoid of all therapeutic activity”.

- There is a relation or correspondence that links both magnitudes: friction and deconcentration. If friction is increased, deconcentration must be increased simultaneously.

- The relation or correspondence between both magnitudes were evaluated by estimation.

Nevertheless, from concepts of New Physics, from experimental work of more than a decade expressed in this book and having been able to clinically observe the activity of very high deconcentrations as a result from using precision micropipettes, a new and astounding

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finding arises of great importance for the development of dynamism of the homeopathic remedy.

The so called dilution or deconcentration of the field of energy, or Expanded Field, is not a magnitude devoid of therapeutic activity whose only goal is to moderate medicinal strength, quite the opposite, it is an active and fundamental agent in the curative dynamism of the remedy.

It is a factor as important as Concentrated Field, the latter as a result of friction in the fascinating and extraordinary process of dynamization of substances.

Precision micropipettes have been able to divide the medicinal drop into most minute measurable fractions thus allowing the field to expand easily in a measure previously not imagined, making evident the fundamental therapeutic activity of the Expanded Field.

An example is given comparing the value of deconcentration of the last Hahnemann Millesimal potency which is $147 \left(10^{-147}\right)$ and the last Equilibrium potency which is $977 \left(10^{-977}\right)$, and this means that the expansion of the latter is 664\% greater\textsuperscript{120}.

Having reached these very high deconcentrations of the Expanded Field and relating them to different intensities of the Concentrated Field, the importance of the former as also the scope of the joint action, were revealed clinically.

So it is now understood that it \textit{is not a simple deconcentration or dilution of the matter, a vacuum devoid of therapeutic activity.}

The new concept implies:

- That it is a powerful therapeutic energy called Expanded Field, that coexists with the Concentrated Field. Both are two states of a sole entire field of energy.

- Even if deconcentration means decreasing the intensity of the field of energy, what is fundamental is that at the time it expands notably allowing it to exert the greater curative aptitude as this is in direct relation to the degree of its expansion.

- That the deconcentration of the Expanded Field inevitably must keep therapeutic concordance with the intensity of the Concentrated Field.

- The higher the quotient of the Ratio between the Concentrated Field and the Expanded Field over the value of Balance, the therapeutic concordance will be lower and so will be medicinal tolerance, and lower will be the aptitude to recover health.

- That achieving Balance between both magnitudes the highest synergy is reached acceding to a greater capacity to cure.

- That for homeopathy, the concept of expansion or “liberation” of the field of energy, in place of that of simple dilution and the finding of the maximum therapeutic concordance (CF/EF) constitute two new curative tools.

\textsuperscript{120} The Equilibrium Scale is developed in Chapter VII of this Second Part.

In the XIX\textsuperscript{th} century, Faraday and Maxwell introduced the notion of \textit{energy field}, or condition in the surrounding space of a body charged electromagnetically, capable to influence over other charged bodies and their fields. Later, Einstein’s theory of relativity extensively developed the notion of field of energy.

To have an objective evidence of a field of energy the reader should remember the area of extant forces in the space among poles of magnets when they are near to each other.
It may be affirmed that the energy field of dynamized remedies is of a nature similar to that of Biologic Energy, which would explain their interaction.

Summing up, the simple raw medicinal substances i.e.: non dynamized do not stimulate Biologic Energy as they act in the chemical field and not in the energy field and must be rubbed and deconcentrated successively up to achieve a degree of expansion that allows them to reach the state of Expanded Field, which through greater friction reaches high intensity, which is to say that part of it takes on another state which is that of Concentrated Field, having both to be in Balance to exert all its curative capacity.

If both states – Concentrated Field and Expanded Field – grow in harmony, a medicinal dynamism arises with such a therapeutic capacity that health’s lost order is recovered.

It is then required that to a higher intensity of the field of energy there should also be a greater “freeing” or its expansion.

When Hahnemann diluted the remedy in a “large amount of water” and applied 10 shakings previous to each dose, thus increasing the “degree of potency”, what he precisely did was to increase the intensity of the field and also “liberate” the concentrated energy by expanding it more.

The importance of the state of Expanded Field is revealed in the absolute need that there exist a balanced relationship between that energy and that of the state of Concentrated Field, for the remedy to be well tolerated and therefore curative. Besides, if experimentally the Concentrated Field is maintained fixed after applying many succussions to it, and the Expanded Field is modified decreasing or increasing the dilutions, the effects of the remedies prepared in this manner run from a “furious violence” to the mildest cure respectively.

Furthermore, supposing it were possible to consider them in an isolated manner, the Concentrated Field would not be therapeutic as it is only intensity without measure, and the energy could only cure in the state of Expanded Field. But as they are two states coexisting in one sole energy, both are interdependent and none could exist or act without the other.

One evidence of the enormous therapeutic power of the Expanded Field is manifest in comparing two potencies with similar Concentrated Fields and with different degrees of expansion.

Potency 7 Eq. is much more “powerful” than potency 30 HC, as shown by clinical verification during one decade. In both the Concentrated Field is almost equal, as 7 Eq. has 299 accumulated succussions, and 30 HC has 300 accumulated shakings, therefore the greater therapeutic power of the former cannot lie in that magnitude.

The notable difference is found in the values of the Expanded Field, while in the former (Eq.) it is of 299 (10^{-299}), in the latter (HC) it is 60 (10^{-60}), that is that the former is almost 500% more expanded than the latter.

There lies the difference.

This significantly more extended field of energy of the remedy is what bestows that notable greater therapeutic capacity, to which is added the value of extant balance between both Fields.

Consequently, the therapeutic importance of the Expanded Field radically alters our concept of the dynamizing process of substances.
If the founder of Homeopathy created his two scales with the intention of applying to each potency the greater amount of shakings or succussions possible to produce a more intense Concentrated Field, employing dilution or Expanded Field as an “accessory” factor, “devoid of all therapeutic activity”, today the equation is inverted as the concept of field of energy and the value of Balance are available.

Now the goal is to expand or “liberate” the field of energy, deconcentrate it or dilute it as much as possible, applying to it intensity or friction in the necessary measure, so that the quotient between Concentrated Field and Expanded Field be of maximum synergy, that is, that both be balanced to one another and in this way reach the value as near as possible to one (B=1).

The definition of magnitudes in homeopathy, the notable change in the concept of simple dilution to “attenuate or moderate” dynamization, to the new one consisting in “liberation” or expansion of the field of energy, and the finding of the value of Balance or maximum synergy between Concentrated Field and Expanded Field, revolutionize our conception on the development of dynamizing substances.

To achieve this, precision micropipettes which were used to “build” the Equilibrium scale were of great help, with drops 100 times smaller than those employed by Hahenmann, who to pour only one drop, with great effort had to abrade with sand the interior wall of the neck of every glass flask.

There is no doubt that modern techniques and instruments, such as precision micropipettes, and concepts of the new physics which Hahnemann did not know, allow at present to accede to a great advance in resources which the homeopathic doctors can count on to cure.

Incorporating these concepts to a new medicinal scale whose ratio between Fields must be balanced, the stimuli given by remedies thus prepared to Biologic Energy, provoke a mild and deep curative response, if the medicine is the similar and if the routes of administration and the frequency of the repetition of doses are the correct ones.

Continuous treatment for years with Multiple Doses of these balanced remedies, produces a continuous reaction of the Biologic Energy which gives place to a continuous curative process. Thus it introduces a decisive factor of stability at the levels of curative activity throughout time, which leads to the cure of very grave and old cases, which previously were incurable.
CHAPTER VII

The Equilibrium scale (Eq)

*The most perfect actions are the echo of patterns that are found in nature”*
Morihei Ueshiba

In 1994, we began experimenting with new scales of homeopathic remedies, in quest of greater tolerance, dynamism and curative capacity, than those obtained with the Millesimal scale.

So as not to tire the reader, we shall avoid relating all the experimental process carried out for four years (1994-1998), during which 10 successive scales were designed, experimented and discarded, among them the Millonesimals, referred to previously.

With the definition of magnitudes of homeopathic remedies, the new conception of field of energy and its expansion, and particularly with the finding of the value of Balance, it was intended to project an eleventh scale whose fundamental basis had to be that each one of the potencies reach this value of Balance.

Hahnemann’s procedure to make the Centesimal and Millesimal scales was to apply to each potency a fixed increase of the Expanded Field (1/100 and 1/50,000 of deconcentration or dilution respectively), and a fixed increase of the Concentrated Field (10 and 100 shakings or succussions, respectively), also for each potency.

Now it was deemed that for the new potencies to reflect the best therapeutic concordance between magnitudes and clinical observations, they should be linked with the value of Dynamism, which is the magnitude that measures the capacity to stimulate Biologic Energy, instead of applying separately to the Expanded Field, as to the Concentrated Field, fixed increases devoid of clinical correspondence.

It was resolved then to assign to these potencies values of Dynamism that were submultiples or multiples of the Dynamic Unit, to reach very high deconcentrations of the Expanded Field and apply succussions that generate intensity and increase the Concentrated Field only in the necessary measure to maintain the value of Balance in each one of them.

Therefore, it was decided for the Equilibrium scale (Eq):

- That all its potencies have the value of Balance.
- That Hahnemann’s method of friction and deconcentration of the substance in a dry medium to reach the millionth, after three hours of trituration in the mortar, as Hahnemann’s Centesimal and Millesimal scale, should continue.
- That in the fluid phase follow the procedure of forming the Millesimal scale, which Hahnemann explained in paragraph 270 of the 6th edition of “Organon”, plus the particular intermediate steps of dilution of this new scale, with the aim to reach the intended deconcentrations.
- That all potencies have Dynamism values that be submultiples or multiples of the Dynamic Unit.
- That it have values below the Dynamic Unit in the first potencies to treat hyperreactives, and in the last potencies these values be high to treat hyporeactives.
- That in the last potency it reach double the Dynamism of Hahnemann’s Millesimal scale.

- That from one potency to the next, there be sufficient Dynamism, so its activity be clinically observed, so as not to leap over potencies to appreciate it.

- That consequently its number of potencies may be reduced by half.

- That it be simple to make.

In the middle of 1998, we achieved the intended goal deeming –something later confirmed clinically – that the potencies thus conceived have a milder activity, are better tolerated, and have greater aptitude to cure Chronic Diseases principally, with the condition of employing the art of choosing the appropriate similar remedy, the intake route and intervals between doses during continuous treatment with multiple doses.

This scale should be employed fundamentally to prepare antimiasmatic remedies – the only ones capable of curing Chronic Diseases – and especially the **antipsorics**, as for the acute diseases Hahnemann’s Centesimal scales up to potency 30 and of manual preparation is in general sufficient to achieve their remission.

As the principal reason of the new scale is to have the value of Balance (B) in all its potencies, it was called **EQUILIBRIUM (Eq)**, Latin *aequi*=equal, and *libra*=scales.

The name refers to the state of the scales when both pans are balanced at the same height, thus alluding to the fact that in the new scale both basic magnitudes, the Concentrated Field and the Expanded Field, are also in balance.

**The procedure that must be followed to prepare the Equilibrium scale is the same that is employed for the Millesimal scale, as is described in Organon, 6th edition, paragraph 270 and its notes, excepting specific steps the former requires**, which will be explained in the following note.

The starting point is one grain (65 milligrams) of the substance to be dynamized, triturating it with lactose powder, to reach the millionth at the end of 3 hours, according to instructions alluded to in the previous paragraph.

One powdered grain (65 milligrams) of a millionth is diluted in a flask which contains 500 drops of 65 milligrams each, of a mixture of one part alcohol and 4 of distilled water, to which 5 succussions must be applied.

One microdrop of 0,65 milligrams of this solution – obtained from the previous flask with a micropipette – is dissolved in 100 drops of alcohol 70% of 65 milligrams each, and this operation of successive dilutions is repeated 6 times. To each one of the 6 flasks, 5 succussions are applied.

A 65 milligram drop is taken from the last flask, and is diluted in 100 drops of 70% alcohol of 65 milligrams each one, in a flask that does not take succussions.

Globules whose size is such that 100 of them weigh 65 milligrams are impregnated with this mixture.

Once dry, these globules constitute the first Eq. potency.

For the second Eq. potency, only one of these globules is dissolved in 100 drops of 70% alcohol, of 65 milligrams each one, and 5 succussions are applied (previously it should be diluted in one drop of distilled water, as it is not very soluble in alcohol).

One microdrop of 0,65 milligrams of this solution obtained with a micropipette is dissolved in a solution of 100 drops of 65 milligrams each of 70% alcohol, and this operation of successive dilutions is repeated twice. To each one of the two flasks 4 succussions are applied.

From the last flask a microdrop of 6,5 milligrams is taken, with which 50 globules of the same size as the previous one are impregnated.

Once dry, these globules constitute the second potency of Eq.
As was done for the 2nd potency, the procedure continues up to the 15th, which is the last of the scale, varying only the number of steps of deconcentration, and the amount of succussions.

The next chart shows the number of steps of deconcentration (0,0001, or \(10^{-5}\)) and the amount of succussions required for each flask, varies for each potency.

<table>
<thead>
<tr>
<th>Potency</th>
<th>Dynamic Units</th>
<th>Dynamism</th>
<th>Deconcentration steps</th>
<th>Expanded Field</th>
<th>Succussions</th>
<th>Concentrated Field</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1/16</td>
<td>1,125</td>
<td>6</td>
<td>29+6</td>
<td>35</td>
<td>35</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>1/8</td>
<td>2,250</td>
<td>2</td>
<td>48</td>
<td>13</td>
<td>48</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>1/4</td>
<td>4,500</td>
<td>4</td>
<td>69</td>
<td>21</td>
<td>69</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>1/2</td>
<td>9,000</td>
<td>5</td>
<td>93</td>
<td>24</td>
<td>93</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>18,000</td>
<td>9</td>
<td>134</td>
<td>41</td>
<td>134</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>3</td>
<td>54,000</td>
<td>23</td>
<td>231</td>
<td>97</td>
<td>231</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>5</td>
<td>90,000</td>
<td>16</td>
<td>299</td>
<td>68</td>
<td>299</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>7</td>
<td>126,000</td>
<td>13</td>
<td>356</td>
<td>57</td>
<td>356</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>9</td>
<td>162,000</td>
<td>10</td>
<td>401</td>
<td>45</td>
<td>401</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>13</td>
<td>234,000</td>
<td>20</td>
<td>485</td>
<td>84</td>
<td>485</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>17</td>
<td>306,000</td>
<td>16</td>
<td>554</td>
<td>69</td>
<td>554</td>
<td>1</td>
</tr>
<tr>
<td>12</td>
<td>21</td>
<td>378,000</td>
<td>14</td>
<td>615</td>
<td>61</td>
<td>615</td>
<td>1</td>
</tr>
<tr>
<td>13</td>
<td>29</td>
<td>522,000</td>
<td>26</td>
<td>724</td>
<td>109</td>
<td>724</td>
<td>1</td>
</tr>
<tr>
<td>14</td>
<td>37</td>
<td>666,000</td>
<td>22</td>
<td>816</td>
<td>92</td>
<td>816</td>
<td>1</td>
</tr>
<tr>
<td>15</td>
<td>53</td>
<td>954,000</td>
<td>39</td>
<td>977</td>
<td>161</td>
<td>977</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: The Expanded Field of a millionth (\(10^{-6}\)) must be added to the expanded field of the 1st potency which has the value of 29.

1 Grain/500 drops = 65mg/32,500 mg = \(2^{-3}\)
1 microdrop / 100 drops = 0.65 mg/6,500 mg = \(1^{-4}\) 6 times = \(1^{-24}\)

1 drop/100 drops = 65 mg/6,500 = \(1^{-2}\)  
CF\(=35\)  
EF\(=35\)  
DU\(=1/16\)

5 succussions to each of the 7 flasks except for the last one.

2 1 globule/100 drops = 0.65mg/6,500 mg = \(1^{-4}\)  
1 microdrop / 100 drops = 0.65 mg/6,500 mg = \(1^{-4}\) twice = \(1^{-8}\)  
1 microdrop/ 50 globules = 6.5 mg/32.5 mg = \(1^{-1}\)

CF\(=48\)  
EF\(=48\)  
DU\(=1/8\)

4 succussions to each of the 2 flasks and 5 to the first one. The last step is the impregnation of globules, so succussions are not done, neither in this potency nor in all the following ones.

3 1 globule/100 drops = 0.65mg/6,500 mg = \(1^{-4}\)  
1 microdrop / 100 drops = 0.65 mg/6,500 mg = \(1^{-4}\) 4 times = \(1^{-16}\)  
1 microdrop/ 50 globules = 6.5 mg/32.5 mg = \(2^{-1}\)

CF\(=69\)  
EF\(=69\)  
DU\(=1/4\)

4 succussions to each of the 4 flasks and 5 to the first one.
<table>
<thead>
<tr>
<th>Globules</th>
<th>100 drops</th>
<th>Equivalence</th>
<th>CF</th>
<th>EF</th>
<th>CF</th>
<th>DU</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>0.65mg/6,500 mg</td>
<td>1(-4)</td>
<td>134</td>
<td>231</td>
<td>356</td>
<td>401</td>
</tr>
<tr>
<td>5</td>
<td>0.65mg/6,500 mg</td>
<td>1(-4)</td>
<td>134</td>
<td>231</td>
<td>356</td>
<td>401</td>
</tr>
<tr>
<td>6</td>
<td>0.65mg/6,500 mg</td>
<td>1(-4)</td>
<td>134</td>
<td>231</td>
<td>356</td>
<td>401</td>
</tr>
<tr>
<td>7</td>
<td>0.65mg/6,500 mg</td>
<td>1(-4)</td>
<td>134</td>
<td>231</td>
<td>356</td>
<td>401</td>
</tr>
<tr>
<td>8</td>
<td>0.65mg/6,500 mg</td>
<td>1(-4)</td>
<td>134</td>
<td>231</td>
<td>356</td>
<td>401</td>
</tr>
<tr>
<td>9</td>
<td>0.65mg/6,500 mg</td>
<td>1(-4)</td>
<td>134</td>
<td>231</td>
<td>356</td>
<td>401</td>
</tr>
</tbody>
</table>

4 succussions to each of the 6 flasks.

4 succussions to each of the 9 flasks and 5 to the first one.

4 succussions to each of the 17 flasks.

4 succussions to each of the 13 flasks and 5 to the first one.
<table>
<thead>
<tr>
<th>1 microdrop/</th>
<th>50 globules</th>
<th>= 6.5 mg/32.5 mg</th>
<th>= 2(^{(-1)})</th>
<th>DU=9</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 succussions to each of the 10 flasks and 5 to the first one.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 globule/</td>
<td>100 drops     = 0.65mg/6,500 mg</td>
<td>= 1(^{(4)})</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 microdrop</td>
<td>/ 100 drops     = 0.65 mg/6,500 mg</td>
<td>= 1(^{(4)})</td>
<td>20 times = 1(^{(80)})</td>
<td>EF=485</td>
</tr>
<tr>
<td>1 microdrop/</td>
<td>50 globules     = 6.5 mg/32.5 mg</td>
<td>= 2(^{(1)})</td>
<td>DU=13</td>
<td></td>
</tr>
<tr>
<td>1 globule/</td>
<td>100 drops     = 0.65mg/6,500 mg</td>
<td>= 1(^{(4)})</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 microdrop</td>
<td>/ 100 drops     = 0.65 mg/6,500 mg</td>
<td>= 1(^{(4)})</td>
<td>16 times = 1(^{(64)})</td>
<td>EF=554</td>
</tr>
<tr>
<td>1 microdrop/</td>
<td>50 globules     = 6.5 mg/32.5 mg</td>
<td>= 2(^{(1)})</td>
<td>DU=17</td>
<td></td>
</tr>
<tr>
<td>4 succussions to each of the 16 flasks and 5 to the first one.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 globule/</td>
<td>100 drops     = 0.65mg/6,500 mg</td>
<td>= 1(^{(4)})</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 microdrop</td>
<td>/ 100 drops     = 0.65 mg/6,500 mg</td>
<td>= 1(^{(4)})</td>
<td>26 times = 1(^{(104)})</td>
<td>EF=724</td>
</tr>
<tr>
<td>1 microdrop/</td>
<td>50 globules     = 6.5 mg/32.5 mg</td>
<td>= 2(^{(1)})</td>
<td>DU=29</td>
<td></td>
</tr>
<tr>
<td>4 succussions to each of the 26 flasks and 5 to the first one.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 globule/</td>
<td>100 drops     = 0.65mg/6,500 mg</td>
<td>= 1(^{(4)})</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 microdrop</td>
<td>/ 100 drops     = 0.65 mg/6,500 mg</td>
<td>= 1(^{(4)})</td>
<td>22 times = 1(^{(88)})</td>
<td>EF=816</td>
</tr>
<tr>
<td>1 microdrop/</td>
<td>50 globules     = 6.5 mg/32.5 mg</td>
<td>= 2(^{(1)})</td>
<td>DU=37</td>
<td></td>
</tr>
</tbody>
</table>
4 succussions to each of the 23 flasks.

| 1 globule/100 drops = 0.65mg/6,500 mg = 1\(^{-4}\) | CF=977 |
| 1 microdrop/100 drops = 0.65 mg/6,500 mg = 1\(^{-4}\) | EF=977 |
| 1 microdrop/50 globules = 6.5 mg/32.5 mg = 2\(^{-1}\) | DU=53 |

4 succussions to each of the 39 flasks and 5 to the first one.

The first and last step of each potency are the same as those of the Millesimal scale, the difference is that it uses in every last step a 65 milligram drop to impregnate 500 globules which weigh 325 milligrams, and the Equilibrium scale employs a microdrop of 6.5 milligrams to impregnate 50 globules that weigh 32.5 milligrams, thus the result (0.2 or 2\(^{-1}\)) is the same in both.

The main difference lies in the intermediate steps of dilution or deconcentration (of 0.0001 or 1\(^{-4}\)) which correspond to the Equilibrium scale and do not belong to the Millesimal scale.

As may be noted:

- The Equilibrium scale differs from the Millesimal scale, principally on account of having a number of intermediate steps of deconcentration or dilution of the Expanded Field (0.0001 or 1\(^{-4}\)) different for each potency, carried out with precision micropipettes, attaining drops 100 times smaller (0.65 milligrams) than those attained by Hahnemann, aiming to achieve the value of Balance (B) in each potency and the projected values, submultiples and multiples of the Dynamic Unit.

- The slightly variable number of succussions, 4 or 5, applied to each of these intermediate dilution flasks, is due to the need of reaching the exact Concentration Field, to attain the value of Balance in all potencies.

- Potency 1 has a Dynamism equal to 1/16 of DU.

- In potency 5, DU has the value of 1.

- Potency 15, end of the new scale has 53 DU.

- Being able to divide the drop into one 10 times smaller, at the end of each potency, only 50 globules are able to be impregnated, and as the new scale has half the potencies of LM, this means that the total amount of globules is 20 times smaller.

It is evident that the procedure to prepare the Equilibrium scale is basically similar to the Millesimal scale. The starting point for both is the millionth after three hours labour with the mortar.

The new Equilibrium scale can then be compared to the Millesimal scale, taking for both the values of their final potencies.

<table>
<thead>
<tr>
<th>Factors to compare</th>
<th>30 Millesimal (LM)</th>
<th>15 Equilibrium (Eq)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concentrated Field (CF)</td>
<td>3,000</td>
<td>977</td>
</tr>
</tbody>
</table>

104
Expanded Field (EF) 147 977
Ratio (R) 20.4 1
Dynamism (D) final in DU 24.5 53
Succussions per potency 100 65 (average)
Dilution or expansion per potency 4.9 65 (average)
Submultiples and multiples of DU NO YES
Amount of Potencies 30 15
Amount of globules used 15,000 750
Amount of flasks used 60 255

As the chart shows, the Equilibrium scale is $6 \frac{1}{2}$ more deconcentrated and 3 times less frictioned than Hahnemann’s Millesimal scale, in order to reach the value of Balance for each potency.

Besides, having that value in all its potencies, it has a better tolerance and a greater capacity to recover health.

The Millesimal scale, having a Ratio value of 20 points distant from the value of Balance leads to results of fair tolerance and fair capacity to cure.

The chart shows that Dynamism or capacity to stimulate Biologic Energy in the Equilibrium scale, reaches to more than twofold than in the Millesimal scale.

Although 255 flasks must be employed for the new scale instead of 60 for the Millesimal scale, which means a greater cost, nowadays it lacks the economic weight it had in Hahnemann’s time.

As for the fact that preparing the Equilibrium scale must be manual, the same as for the Millesimal scale, as they do not adapt to the dynamizing machines that employ Korsakov’s method, because both have a fluid phase and a dry phase of globule impregnation, this is not a hindrance due to the limited number of remedies to dynamize, as the new scale should be prepared principally for antimasthatic remedies, and especially for antipsorics, whose number is only between 60 and 80 substances.

To tergiverse the norms of preparing the scale, as is frequently done with the Millesimal scale, will lead to obtain remedies that do not belong to the Equilibrium scale, and the results will be very different to those obtained according to the norms and manually.

**And lastly the extraordinary deconcentration of the Expanded Field of this new scale is noted, as it is 664% greater than that of the Millesimal scale.**

This exceptional expansion of the Equilibrium scale is evident when comparing the average increase of the Expanded Field per potency in each scale.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Average increase of the Expanded Field per potency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hahnemann</td>
<td>2</td>
</tr>
<tr>
<td>Centesimal</td>
<td></td>
</tr>
<tr>
<td>Hahnemann</td>
<td>4.9</td>
</tr>
<tr>
<td>Millesimal</td>
<td></td>
</tr>
<tr>
<td>Equilibrium</td>
<td>65</td>
</tr>
</tbody>
</table>
As both magnitudes are balanced, the Concentrated Field also has an average increase of 65 succussions per potency.

Taking the Expanded Field to such amazingly high values, and considering that this crucial energy is in a state of maximum synergy with the energy of the Concentrated Field due to the balance both partake, these remedies have the greatest power to cure.

In the next Chapter, a summary of the correct use of the Equilibrium scale for continuous treatment of Chronic Diseases for years will be displayed.
CHAPTER VIII

Continuous treatment for years with the Equilibrium scale in Chronic Diseases.

“The dose of a homeopathic chosen remedy and highly potentiated ... will never be prepared so minute as not to be stronger than the natural illness and not be capable of surpassing its power...”

S. Hahnemann. 121

The Equilibrium scale has the maximum capacity to stimulate Biologic Energy, and was developed to treat Chronic Diseases, as for acute diseases, habitually Hahnemann’s Centesimal scale is sufficient, up to potency 30, prepared manually, employing multiple flasks and prepared with 10 shakings per potency.

Conforming to conditions set down by Hahnemann, doctors shall prescribe:

- Only antipsorics, if the chronic illness is non venereal, they shall be administered in series.
- For peculiar symptoms be they physical and/or mental.
- Only one medicine at a time.
- One globule, sometimes two.
- Choosing the most convenient medicinal intake route.
- For Multiple Doses, with appropriate intervals.
- For increasing dynamizations, starting from the lowest.
- Lastly, Sulphur or Hepar Sulphur shall be prescribed before, during or after the use of antipsorics.

For more than a decade, the new Equilibrium scale was tested in oral, percutaneous and inhalatory routes, to treat the most various chronic pathologies in hyperreactive, normoreactive and hyporeactive volunteers, duration of therapy, frequency and amount of doses, employing a dry globule or in solution.

The outcome of all this experience is synthesized here:

In the last 5 or 6 years of his life, Hahnemann applied continuous treatment “for months”. With the Equilibrium scale, continuous treatment may be carried out not only “for months” but for years, always choosing the remedy similar to the present symptoms, which vary in time as new symptomatic layers crop up.

So, this continuous treatment for years introduces the decisive factor of stability at stimulation levels in the course of time, absent when single Doses are employed.

As the unbalance is subjected to a constant not declining activity for long periods, it gradually yields and Biologic Energy gently recovers its order.

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As was stated Multiple Doses, are repeated without waiting for the symptoms to reappear an indispensable requisite for Single Doses.

As each one of the 15 potencies of the Equilibrium scale has the optimal therapeutic concordance, between Concentrated Field and Expanded Field, that is, that they all reach the value of Balance, their depth and capacity to stimulate Biologic Energy is maximal.

Due to this great capacity to stimulate, two most important conditions must be carefully respected as to avoid aggravations with the loss of curative aptitude, during continuous treatment for years of chronic diseases.

These two conditions refer to: I) the medicinal intake route, and II) frequency in repetition of doses.

I) Medicinal intake route.

The outcome of all clinical experience accumulated during one decade shows that for Continuous treatment the Equilibrium scale must be always employed by inhalatory route.

In these prolonged treatments of chronic diseases which may last years, the oral route and the percutaneous route cause aggravations.

For normoreactive patients, inhalation of the globule in a solution shall be employed.

In a 100 ml. caramel colored flask half full with alcoholized water at 5% or 10%, one globule the size of a poppy seed which has been previously impregnated with medicinal fluid and dried afterwards shall be diluted.

Before each dose, 10 succussions shall be applied to the flask, and the indication is to inhale deeply once through each nostril, at night, before going to bed.

For hyperreactive patients only the inhalation of the dry globule, it is the only route well tolerated by these patients, and shall be carried out in the following manner:

In a small 10 ml. caramel colored flask, one or two globules, the size of a poppy seed shall be placed, these having been previously impregnated with medicinal fluid, and later dried, to be inhaled by one or by both nostrils, according to reactivity, at night, before going to bed.

It is indispensable to warn the patient that after every inhalation avoid exhaling into the flask, as the vapor of the exhaled air dampens and ruins the small globules.

It is useful to add to the flask 8 to 10 round rice grains called “mochi” to keep a dry atmosphere, and besides they seem to be globules of a larger size, without them the flask seems empty, due to the minute size of the medicinal globules.

II) Frequency that doses should be repeated.

Experimentation and prolonged clinical use, definitely confirm that inhalations of a globule in a solution or of a dry globule must not be repeated before 30 days, as with shorter intervals and in continuous treatments for years they produce aggravations in chronic diseases.

An interval of 30 days between doses avoids superimposing the high level of stimulation of each dose over the preceding one, a conclusion reached after countless tests in which all possible frequencies were experimented.
In continuous treatments for years, the oral route as the percutaneous route, and also intervals shorter than 30 days in the repetition of doses lead to aggravations whose intensity is in direct rates to the loss of its curative power.

We reiterate that the above is referred to long lasting treatments, sometimes several years, a reason why tolerance must be optimal.

Throughout therapy of Chronic Diseases using the Equilibrium scale it is convenient to begin by the lowest dynamizations, ascending to the immediate superior potency every two to four months.

Though it may seem amazing, in these continuous treatments of chronic diseases for years with the Equilibrium scale, it may be asserted that approximately 80% or more of the patients tolerate better and cure in a gentle way, inhaling the dry globule every 30 days, than with a like globule in solution.

When presenting the doctrine of Chronic Miasmas, Hahnemann affirmed:

“But making the world know of this great discovery I regret I cannot eject the doubt if my contemporaries will understand the logical sequence of these, my teachings ... or if, alarmed by the unusual character of many of these revelations, they may prefer to reject them before having started to test them, in consequence turning them useless.”

As inhalation every 30 days of the dry globule of the Equilibrium scale to subdue vast Chronic Diseases also has an “unusual character”, the doctor’s own prejudice may become the great roadblock to admit its effectivity.

What follows is a scheme for prescribing doses of increasing intensity according to the patients reactivity and the duration of the chronic illness, for treatments for years with the Equilibrium scale:

- Inhalation of the globule in a dry medium every 30 days (80% of cases, approximately).

- Alternate inhalation of the globule in a dry medium and of the globule in a solution every 30 days –one month the former the following month the latter- (approximately 15% of the cases).

- Inhalation of the globule in a solution and afterwards application of 1 c.c. percutaneously by friction every 30 days both forming one dose (5% of the cases approximately). Useful for infrequent cases resistant to cure like those for example who suffer the multiple sclerosis disease.

Applying the Equilibrium scale for years by means of Multiple Doses every 30 days by inhalation, when aggravations do happen, these are notably different to those observed in treatments which employ scales distanced from the value of Balance, and employ Single Doses and the oral route.

Aggravations employing the new scale by inhalation are subtle and consist in a slight increase of one or several symptoms of the state being treated.

At other times symptoms suffered previously to the state which led to consultation, reappear slightly, and on occasions these subtle aggravations appear as cures that do not complete.

All this behooves the homeopathic doctor and his patient to be aware of these phenomena which indicate overstimulation.

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In other cases, having prescribed an erroneous remedy, it produces in the patient the cropping up of symptoms not present previously and that do not pertain to the sphere of action of the given remedy, but show with more clearness the image of simillimum therefore easing the choice.

The résumé of a clinical case is an example of the subtlety the aggravation may present, impeding the complete cure of a chronic disease.

CASE HISTORY: H. S. female, age 34; consulted for suffering psoriasis since the age of 19, with plaques and scabs on hands, knees, legs, sacrum, nape of the neck and scalp, accompanied by arthralgia of fingers, aggravated upon wakening and alleviated by movement, with progressive deformation of nails. 
Retarded menses and muscular contractions in neck, also alleviated by movement. 
The patient felt hot, she liked very hot food and was afraid to be alone, suffered claustrophobia and anguish on wakening. Several members of her family had psoriasis, varicous vens and renal colics. Was medicated with a continuous treatment of Lycopodium in Equilibrium scale, with low potencies, inhaling a dry globule every 15 days, a frequency the author employed years ago. A dry globule was used thinking she was hyperreactive, according to the clinical picture. In the course of the first year of treatment all her symptoms cured, except plaques on the scalp which seemed to be impervious to treatment.
Surprisingly and almost automatically, they disappeared when the frequency of inhalation of the dry globule was set at every 30 days, showing how a subtle aggravation impeded the complete cure. The aggravation caused by an excessive frequency of doses, was displayed as a resistance to a complete cure, more than a symptomatic increase.

 Another interesting case is the following, which shows a subtle aggravation in the course of a good evolution.

CASE HISTORY: A.Z., female, blonde, age 31, dentist, showed since 5 years pervious to consultation a marked fear of going to a clinic to give birth to her children, which she bore at home. Two years later, she started with sporadic hallucinations which terrorized her, and which she recognized as a vision of an abnormal reality, against which she struggled with effort. She said she clearly sees a person already deceased, sitting in an armchair, and also a threatening human figure in her bathroom. At the same time, she felt it was impossible for her to listen to horrible stories, she would not see the news on television, horror films, nor read the newspaper. She was afraid of the drawing of blood for tests and though she kept on with her work, she stopped practicing surgery, and feared greatly to be assisted odontologically by colleagues. Since adolescence she suffered constipations of 10 days and urinary infections with a periodicity of around 80 days. No other significant antecedent. Medicated by continuous treatment with Calcarea Carbonica in Equilibrium scale with low potencies by inhaling a globule in solution every 30 days, in 8 months all symptoms were cured, including hallucinations, except for the increase in frequency of urinary infections, which appeared every 40 days. This last event was deemed as a subtle aggravation due to the inhalation of the globule in solution, so the treatment was continued with the inhalation of the dry globule, also every 30 days. With this last procedure at the end of 6 months the urinary infections ceased completely, being asymptomatic after 14 months of continuous treatment, showing that the greater frequency of urinary infections was a subtle aggravation due to overstimulation.

When the Equilibrium scale is employed by inhalation of the dry globule every 30 days, slight aggravations in hyperreactive patients may occur with the first and second doses, which are transitory, habitually well tolerated and rarely occur after the second dose.

On the other hand, employing the same scale by inhalation of the globule in a solution every 30 days, if the aggravation is intense or it continues well beyond the second dose, this
indicates the need to inhale the dry globule, also every 30 days, these patients then may be considered hyperreactive, which are more numerous than can be estimated.

The doctor must be certain that the remedies of the Equilibrium scale have been prepared in multiple flasks, manually and complying to the given norms so there should be no doubts as to their capacity to cure.

In this way the only remaining factor of error is the mistaken choice of the remedy, which must be reconsidered if the curative process does not take place.

If there are doubts about more than one factor involved, as for example: a remedy prepared not complying to the norms and a mistaken choice of the remedy, there can never be certainty where the error lies.

There must be only one factor to be corrected, so as not to lose control of treatment, and this should be a mistaken choice of the remedy.

The amount of globules to employ is not as important as the intake route and the frequency the doses are repeated, though it is sufficient to employ one or two of them.

In old persons with very old diseases, not even a continuous treatment for years with the Equilibrium scale may give a stable cure, as the balanced state of Biologic Energy does not hold. Nevertheless, the continuous treatment allows to maintain them asymptomatic while they are subjected to it.

As was expressed, 10 years of employing the Equilibrium scale leave no doubt whatsoever that in continuous treatments of Chronic Diseases, carried out for years, the oral and percutaneous intake routes, as repetition intervals of doses below 30 days, lead to a symptomatic aggravation and consequently to a loss of curative capacity.

Nevertheless, isolated symptoms very old and entrenched, resistant to the inhaled remedy, may be cured combining the percutaneous route with the inhalatory route. This way, the depth is such that cure surprisingly may be achieved with ease.

In the article “Commentaries on the extreme attenuation of homeopathic medicines”, included in “Lesser Writings”, Hahnemann confirmed Korsakov’s affirmation that the effects produced by high dynamizations “cease faster”.

In spite of this, experience of this decade with high dynamizations of the Equilibrium scale, categorically affirms that employing these remedies the above mentioned does not take place, when used in continuous and prolonged treatments.

The explanation may lie in the great capacity to stimulate that the Scale has, as it possesses an optimal balance between two basic magnitudes (CF and EF).

Therefore, in the mentioned continuous and prolonged treatments, notice should be taken that intervals between doses, of less than 30 days produce sooner or later aggravation of symptoms, and if complying to intervals of 30 days, if the remedy is the similar and the intake is inhalatory, the results are marvelous.

After these concepts, in the following Chapter a new method of medicinal impregnation for the treatment of very hyperreactive patients will be analyzed.
CHAPTER IX

Treatment of very hyperreactive patients.

A new method of medicinal impregnation.

“An enormous effort is required to admit that something so minute, that a dose so prodigiously negligible of a remedy, may have even a minimum effect in the human body and even less to cope with those overwhelming and immensely vast diseases.”

S. Hahnemann

If there is one difficulty with which the homeopathic doctor must contend daily, besides finding the similar remedy, is how to treat the very hyperreactive patients.

These may be, as an example, those called allergic, especially those suffering from rhinitis and from asthma; those who have a state of great irritability of their nervous system, as in facial neuralgia or in hysteria; those who suffer the intolerable psoric pruritus, when it is at its full strength or extended, those who suffer the pemphigus diseases, and so many others.

When treated, these patients worsen easily, and these worsenings are habitually so severe that the case generally comes to naught. Sometimes, patients even worsen with the remedy in the lowest potencies of the Equilibrium scale, inhaling a dry globule every 30 days.

As was stated, to a greater aggravation, a lesser curative process follows, so it behooves to search for a way that allows a stimulus of very low dynamism to treat very hyperreactive patients which is very difficult if there is a lack of the remedy sufficiently mild in its activity, that gives a stimulus whose dynamism be so minute to be in accordance to such hyperreactivity.

How to help these patients without worsening their condition?

Korsakov stated in an essay that in a flask he had placed only one dry medicinal globule, in contact with other 13,500 also dry non medicated globules.124

He had shaken the flask for 5 minutes so that the only medicated globule be in contact with all the others, and according to his assertion, each one of the 13,500 had a similar medicinal power as the single medicated globule.

He explained that medicinal power was transmitted through contact, that the globules impregnated in this manner had a lower tendency to produce aggravations, and their curative activity was greater.

In reference to this Korsakov’s essay, Hahnemann in an article of May 30, 1832, titled “Remarks on the extreme attenuation of homeopathic medicines”, thanked him his contribution to the new science, but pointed out that as to the experiment so related, he did not consider it proved by facts, and he deemed it incredible until it were sustained by experimental proof.

In spite of this evaluation, he also pointed out that transmission of the medicinal power to the virgin globules, carried out in Korsakov’s experiment, must have taken place by means of “emanation or exhalation” that the medicinal globule emits in a continual and constant manner, “perpetually”, even though dry, just as the emanation is used by inhalation of the dry globule, as a therapeutic aim.

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Endorsing the perdurability of this “emanation”, Hahnemann refers to having verified the medicinal power of globules of Staphisagria 30, kept dry in a flask for 20 years, notwithstanding that the flask was opened several hundred times, to be used by inhalation in a dry medium.

To that “emanation”, to which he referred in 1832, he defined as a magnetic force in the 6th edition of “Organon” (1842), a force that today new physics joined to the electric force, and so it is conceived as electromagnetic force.

In the long note on paragraph 11 of that work he wrote:

“The magnet attracts towards itself and this implies that it acts on the piece of iron or on the steel needle, by means of an inherent energy, purely immaterial, invisible, conceptual, that is, it communicates dynamically to the steel needle the magnetic energy (dynamic) equally invisible.”

Later on, in the same note he affirmed:

“In a similar manner the effect of medicines on the live man must be judged”.

It is very probable that the dry globule emit a radiant energy continually and constantly, “perpetually”, and also when diluted the energy be transferred to the fluid, which also will emit it.

If the dry non medicated globules of Korsakov’s experiment had medicinal activity, very probably if was due to them being exposed to the radiant energy of the single globule impregnated in medicinal fluid and afterwards kept dry in the same flask.

In other words, if in that experiment the non medicated globules were activated with medicinal power, it was not due to direct contact with the single medicated globule, but by the medicinal atmosphere emitted by it to which they were exposed.

Searching for an impregnation method that achieved remedies whose activity were of negligible dynamism, as from the year 2004 the author employed a system that may be called “impregnation through medicinal atmosphere”.

This method is in total agreement with Hahnemann’s interpretation of Korsakov’s experiment, when he attributed the medicinal power achieved to the fact that the globules had been subjected precisely to the action of a medicinal atmosphere.

According to the stated concepts, on a cylindrical glass flask, approximately 10 cm. high, and a 7 cm. base diameter, a steel filter of very fine mesh was placed on its mouth, on it 100 non medicated (virgin) globules were placed, and at the bottom of the flask there were 5 medicated globules of some of the lowest potencies of the Equilibrium scale, between both groups of globules there was a distance of almost 10 cm., therefore, no physical contact between them, the entire amount of globules shared the same medicinal atmosphere. They were all in a dry medium and their size was such that 100 weighed 65 milligrams. 30 to 40 rice grains, to keep a dry atmosphere, were added to the flask, and that flask was closed for not less than a week before using the globules.

One of these globules was taken from the filter and put dry in a 10 cubic centimeter flask; from it patients with a highly increased reactivity inhaled only once through each nostril, every 30 days for some months.

Surprisingly therapeutic responses were excellent, and with scarce and brief aggravations, but the cases whose results exceeded all expectations were those when Biologic Energy was highly enhanced, as with very hyperreactive patients, such as those bearing a breakout of intolerable generalized psoric pruritus, and other conditions.

As these experiences show, it is more than extraordinary that:
a) A minute lactose globule the size of a poppy seed, that has been soaked in medicinal fluid and later dried, emit as radiation or medicinal atmosphere the energy this fluid contained.

b) Another globule of similar size but not medicated, be impregnated only by the atmosphere of energy which the previous one exhales, both being dry, and that it in turn also emits, and then by its activity, human Biologic Energy recover its balance.

As incredible this may seem, the facts are there for those who wish to prove them in experimental laboratory.

Going to the results obtained by dry globules impregnated by medicinal atmosphere, a résumé of a clinical case may serve as an example.

CASE HISTORY: J. R. age 79, when 20 years old had an outbreak of pruriginous blistery eczema on the back of his hands, suppressed by radiumtherapy, that reappeared mildly once or twice per year, for the ten following years.

In these last years presented a unilateral glaucoma (left eye), and muscletendinous retraction of both palms.

Since 8 months previous to consultation: hoarseness, aggravated by talking and hawking, after having suffered an important financial loss, accompanied by a marked general fear.

One week before consulting a sudden outbreak of blistery eczema, “similar to what I had when I was 20, but much more severe and more extended”, accompanied now by fear of death.

The eruption caused a very intense voluptuous pruritus, almost impossible to avoid scratching, aggravated by hot baths and alleviated by cold contact; in this respect, his description was: “I sleep almost naked”.

He had been treated with antihistaminics and injectable corticoids, but no alleviation of pruritus.

The indication was: for three months, every 30 days to inhale through each nostril from a flask of 10 c.c. which contained one dry globule of 0,65 miligrams, of Phosphorus 1 Eq, which had been impregnated by medicinal atmosphere.

After a mild aggravation that lasted 2 days, a notable improvement began, with a total disappearance of pruritus 15 days after the first inhalation, to the amazement of the patient and more so of the author. A progressive and gradual cure of the eczema followed.

The medicated globules contained on the bottom of the flask, destined to emit the medicinal atmosphere, must be very few; between 1 and 5, otherwise aggravations take place in these highly reactive patients, and according to experience a good ratio is established when the non medicated globules put on the filter are approximately one hundred.

What is significant is that the method of impregnating dry globules by medicinal atmosphere and its employment by inhalation also in a dry medium of the lowest potencies of the Equilibrium scale, may put an end to aggravations in very hyperreactive patients, which have been one of the greater difficulties in homeopathic therapy.

Since Hahnemann discovered dynamization of substances in 1799, up to the present, he as all the homeopathic world searched for a way in which the remedy be better tolerated therefore more curative. This search of the remedy capable of exerting a mild activity without producing an aggravation is taking over 200 years.

The ideal continuous treatment for years, as a means to subdue the most severe and oldest Chronic Diseases, is only possible with remedies whose stimulus – each dose is a stimulus – be according to each patient’s reactivity.
There exists an inverse ratio between the reactivity of Biologic Energy of the patient and the Dynamism of the medicament to be used. To a greater reactivity, there must correspond a lesser Dynamism, the reverse is also true.

All in all, every ill person is hyperreactive due to the enhanced sensitivity or avidity that his unbalanced Biologic Energy has for the dynamism of the remedy that cures.

Among the hyperreactive, normoreactive and hyporeactive patients there are only differences in degree, but they all have their reactivity greatly increased in respect to when they were healthy.

In short, cure must be attributed not only to the dynamism of the similar remedy, but also to the “avidity” of the dynamism of the unbalanced Biologic Energy. Both energies are of the same nature, therefore may interact.

These investigations may attain that so yearned for goal in the treatment of Chronic Diseases in very hyperreactive patients, by being available a minute stimulus by means of inhaling once every 30 days one globule (rarely two) impregnated by the atmosphere of a similar remedy of the lowest potencies of the Equilibrium scale, and placed dry in a flask of 10 c.c.

Lastly, in order to be able to graduate the dynamism of the inhaled remedy, it is convenient to recall Hahnemann’s teachings in this respect, which are still in force for this case. It refers to graduation, which goes from inhaling through both nostrils and deeply to inhaling through one nostril and slightly.

In cases of super hyperreactive patients, when Hahnemann used the oral route, he subjected the solution of one medicinal globule diluted in a glass of water to the following procedure of successive dilutions: he took from there a tea-spoonful and diluted it in a second glass of water. From this last one, he took one (or more) teaspoonful to give to the patient.

In cases of extreme hyperreactivity he proceeded in a like manner, successively, with a third and sometimes with a fourth glass, always taking a teaspoonful from the last glass to give to the patient.

“If he [the patient] were unusually excited or were very sensitive, one teaspoonful of this solution [one globule diluted in a glass of water] may be poured into a second glass of water, the contents well stirred and given doses of one or more teaspoonful”.

“There are patients with “such an extreme sensitiveness” that it may be necessary to prepare by the same means a third and even a fourth glass.”

The same procedures employed by Hahnemann to treat very hyperreactive patients, may be used in the case of impregnation by atmosphere. In this way, the impregnated globule by atmosphere may impregnate another one also by atmosphere, and from this last one the patient inhale.

In cases of “extreme sensitivity” following Hahnemann, the same procedure may be carried out, and successively employ three, four or more steps of atmosphere impregnation so that the patient inhale the last globule.

This new method of medicinal impregnation then avoids the turbulent aggravations that are produced in patients so sensitive, and accede gently to a homeopathic cure.

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CHAPTER X

Final considerations

“... To all those who as I, have taken the firm resolution to devote the rest of their life to homeopathy and suffering humanity”.

Clemens von Bönninghausen.

This book cannot be ended without first reflecting on the surest technique to choose the appropriate similar remedy.

In 1801, in his essay “On the power of small doses of medicines in general and of belladona in particular”, Hahnemann asked about the effect that 1/100,000 parts of a grain of belladona could have on the human being.

Before developing his answer, and aiming to study the problem thoroughly, he proposed to examine it following the Latin principle which separates the subject in its classical parts of: Ubi, Quamodo, Quando and Quibus Auxilis, that is: Where, How, When and With what help.

Hahnemann said to him: “if some day I become ill and cannot cure myself, he would be the one to whom I would entrust myself”.

The Repertories point to the remedy according to the symptom, and are the reverse of Materia Prima, which points to the symptom according to the remedy.

Before getting half the work done, Bönninghausen observed that the length of the manuscript was increasing to an enormous size, so he asked his teacher about reassessing the bases on which he was building.

His question was referred to the possibility of considering local aggravation and improvement modalities as general modalities, that is, if local modalities could generalize.

For example, as lycopodium cures joint inflammations which produce pain in the knees or hip, aggravated by rest and improved by moving, the question consisted in considering if it was possible to affirm that the remedy cures the symptoms wherever their site of appearance, which aggravate during rest and improve by moving, which would make the local modality a general modality.

This generalization was approved by Hahnemann, to the extent of making it a law of homeopathy, by which the length of the Repertory was reduced considerably.

In his work published in 1845, Bönninghausen maintained the premise of Where, How, When and With what help, which was called in brief “Handbook of homeopathic therapies and repertory”.

The Where (Ubi) refers to the site of symptoms or functions, and for which each remedy has an affinity, that is the tropism of remedies for each tissue, organ, region or functions of the body (corresponds to items 36 to 716).126
The **How** (*Quamodo*) refers to the type of manifestation of each symptom, sensation or pain; for example: is the pain penetrating or fiery, i.e. it alludes to the characteristics of how the symptom is perceived (corresponds to items 717 to 1562).

The **When** (*Quando*) refers to the circumstances the symptoms appear as the time of day or the season, as also the modalities of aggravation or improvement in a particular movement, position and other circumstances (corresponds to items 1790 to 2321).

To **With What Help** (*Quibus auxilius*) he assigned the name of Concomitant Symptoms, or symptoms that appear at the same time with those that motivated consultation, these do not seem to be related to the latter, but nevertheless constitute a unit with them, and many times help to find the similar.

**He pointed out that the Concomitant Symptoms, if they are peculiar, may lead to the similar remedy when this is not possible with the Principal Symptoms or those that motivate the consultation.**

He also affirmed that the higher the dynamization, the sphere of action of the remedy increases in respect to the **Where** and the **How**, nevertheless remaining constant the **When**, which he considered as another law of Nature.\[^127^\]

Years later Bönninghausen’s Repertory was incorporated by Kent to his own Repertory, but:

- In the following editions he progressively eliminated the **Where**, or tropism of the remedies for each tissue, organ or function, and in his last edition only left the item Liver, in the Chapter Abdomen.

- He scattered throughout the book the **When** or modalities and circumstances of aggravation and improvement of symptoms which Bönninghausen had grouped in the Chapter Etiology, and in the Chapter Generalities, valuables modalities of symptoms, were left out.

**Bönninghausen’s Repertory even today continues to be the best resource the homeopathic doctor has to know the Where, or affinity of the remedies for each tissue, organ or function, and to have at hand in a grouped and complete form modalities or circumstances of aggravation and improvement of symptoms or the When.** This is the work that follows most loyally Hahnemann’s clinical conception.

In short, the use of the extense and detailed Kent’s Repertory, later corrected and enlarged by Dr. Fredrik Schroyens with contributions from many homeopaths and published under the title of “Synthesis”, together with Bönninghausen’s Repertory, lead to the similar remedy in the surest way.

After the death of the latter, Dr. Cyril M. Boger enlarged and updated his work with new remedies, which was published as “Bönninghausen’s characteristics and repertory”.

**The modalities or aggravating and improvement circumstances of symptoms or When, grouped in Bönninghausen’s Repertory in Chapter Etiology, constitute a real treasure, as they are a complete collection of peculiar or characteristic symptoms, and it is through them that the choice of remedy is done with utmost precision.**

This is due to its so peculiar nature that there is no resource that gives a smaller margin of error in the choice of a similar remedy than that of When, or aggravating and improvement circumstances of symptoms.

The résumé of a clinical case serves as an example of how the **Where** (Ubi) and especially the **When** (Quando) can lead with the greatest degree of precision to the choice of the simillimum.

CASE HISTORY: C.M., blonde female, age 38, hard worker, three years previously she noticed dry and rough skin on the palm of her right hand, and fissures on her fingertips, which worsened when wet. One year later, she began with frequent episodes of vertigo which led her to consult, and had the following modalities:

- they worsened when she looked upwards,
- they worsened when she turned her head,
- they worsened when she arose from bed,
- they worsened when she shut her eyes.

Two years later the following concomitant symptoms were added:

Acidity which worsened while fasting, and oppressive precordial pain not related to effort; normal electrocardiograms (in rest and effort).

Old symptoms: difficulty to begin sleep, and as personal trait, she liked to eat ice cubes.

Medicated with Calcarea Carbonica, in increasing potencies starting from 1 Eq., by inhaling a dry globule every 30 days, all her symptoms reverted after a continuous treatment of one and a half years, except the difficulty to begin sleep, which she attributed to tensions related to her work.

As can be seen, the modalities and circumstances of the symptom aggravations were principally the factors by which through Bönninghausen’s Repertory led this case as in others to the correct choice of the similar remedy (for the symptom of ice yearning the Synthesis Repertory was employed).

The Materia Medica Pura, virtually has no standing as only on occasion Hahnemann pointed out a symptom. To study it through the grading in levels of value 1 to 5 from Bönninghausen’s Repertory, as he advised, engraves in the memory an important order most useful for clinical practice, for when he valued it he intended not to err in qualifying rank more than half a point.

This grading of symptoms in values from 1 to 5 created by Bönninghausen was endorsed enthusiastically by Hahnemann, and in short these values signify:

- Value 1: doubtful and appears between brackets.
- Value 2: importance not decisive.
- Value 3: obtained from experimentation.
- Value 4: repeatedly was curative.
- Value 5: systematically was curative.

Values 4 and 5 fix deeply in the mind of the doctor the image of each remedy.

The study of Materia Medica, enriched by these values has the same importance as in astronomy has the graded examination of stars according to their magnitudes.

For a good schooling of the homeopathic doctor, it must be emphasized that the unavoidable need to study, besides Materia Medica, Hahnemann’s work, particularly “Organon”, “Chronic Diseases”, all work contained in “Lesser Writings” and his letters, part of which are in “S. Hahnemann, his life and work”, by R. Haehl.

James T. Kent, in his “Homeopathic Philosophy” explained according to his lights what Hahnemann had expressed in “Organon”, but as the latter is clear, conceptual and constitutes the great doctrinal foundation of the entire Homeopathy, nothing replaces its direct reading.

The other indispensable activity in the good schooling of the homeopathic doctor lies in regular work in experimental laboratory, relating it to clinical experience, as it deepens the understanding of the wonderful powers that the doctor has available to cope with Chronic Diseases.
EPILOGUE

At the beginning of this book, we stated the existence of a Biologic Energy that organizes and governs the living beings; that we call disease the loss of its balance, that the symptoms are an expression of their suffering and the lesions its consequence.

But why does Biologic Energy lose its balance?

If acute diseases, excepting epidemic disease, are only worsening of chronic diseases, what is the ultimate cause of the latter?

Concretely, why do we fall ill? Why does an energy that unbalances Biologic Energy invade the body?

When the Teacher warned that to avoid illness one had to avoid errors in the way of life and in the diet, carry a life of penuries or break moral laws or one’s own conscience, actually he advised to live in harmony with one’s own nature and the Great Nature.

At present, the lack of harmony is evident in the mistreatment man is inflicting on his own planet, through the flame of hope remains always lit, as Heraclitus affirmed: “The Sun is new each day”.

It must be admitted that to be healthy it is not enough to achieve the order of the small universe we are, balancing its Biologic Energy, as the union and harmony of mankind with The Great Universal Order is indispensable, as we become ill when we separate from it.

As a conclusion we may affirm with utmost conviction that the most effective method to cure Chronic Diseases, having previously chosen the simillium, is the continuous treatment for years with antimiasmatic remedies employing once a month the Equilibrium scale by inhalatory route.

This method is also marvelous to cure the onset symptoms of illnesses, before they spawn their disorder, thus it is also the best preventive system of chronic maladies.
LAST WORDS

A few words in the first person, as only they carry the force of feelings.

The reason of this book lies in the fact that I feel a deep responsibility in communicating the findings of these 15 years of research with the conviction that they may give back to many people the joy of being healthy. Health implies that full joy.

Another reason is linked to the sentiment of fraternity towards all, which nobody has not experienced at some time. This impelled the search.

As I let go off these pages and for the well being of those who suffer, I wish that the advances here narrated be applied without bias and only be judged by their results.

I give these concepts to those open in mind and sentiments to allow to be illuminated by “Intelligence that is not from the mind, as neither are Life nor Love.”\footnote{Thought of Jorge Torrent, which heads Chapter V of the Second Part of this book.}
“The most precious treasures are an irreproachable conscience, and a good health; the love of God and the study of oneself give the former, Homeopathy the latter”.

Manuscript of S. Hahnemann, written weeks before his death.

“In the course of my life, I have not desired recognition whatsoever for the beneficient truth I disinterestedly spread. What I gave the world, I did for the highest reasons”.

Samuel Hahnemann

“We do not forget you Dr. Samuel Hahnemann…”

Mahatma Ghandi
GLOSSARY

Aggravation

See Symptoms (Aggravation)

Antipsorics

The only remedies capable of curing non venereal Chronic Diseases, which means with a capacity to turn latent the Fundamental Illness or Psora.

Apsorics

Remedies employed to cure acute illness and when used for a psoric disease change or suppress some symptoms not turning it latent, therefore they come back shortly.

Balance

See Magnitudes of homeopathic remedies.

Biologic Energy (Vital Force)

Unitive energy, organizes and bestows adaptability to living beings.
When lacking, the body is a corpse.
Its unbalance is the cause of all human diseases.
Its balance is the state of health.
It is the means by which homeopathic cure is carried out, as it is stimulated by the energy of a dynamized similar remedy, so as to recover its own order.
Quoting Hippocrates:
“Illness is a vital process deviated from normality”.

Charge

Degree of intensity of the remedy’s energy.
For example, the Concentrated Field has a high charge, and the Expanded Field a lower charge, though deconcentrated or “liberated”.

Concentrated Field

See Magnitudes of homeopathic remedies.

Cure

Make latent active miasma, whether it be acute or chronic.
If aggravation symptoms or return symptoms not mild appear, cure is hampered, even stops when they are severe.

Degree of potency

Moderate increase of intensity and deconcentration of the remedy, achieved by shakings or succussions to the remedy’s flask and by means of dilution “in a large amount of water” previous to each dose, which differentiates it from the states of intensity and expansion previous to their appliance.
A better tolerance is obtained when employing it in Multiple Doses and besides allows to apply 10 shakings to each potency in preparing the Centesimal scale, without them producing aggravations.

Doses (Multiple)

Method to repeat doses, without requiring the reappearance of symptoms, though this repetition must be made at intervals that do not provoke aggravations.
Doses (Single)

Method conditioned to wait habitually from 40 to 100 days for the reappearance of symptoms to repeat the dose.
It produces a pendular effect between the symptoms and the remedy which makes the cure almost endless.

Dynamic Unit

Unit of measure of the remedy’s Dynamism, which is the capacity to stimulate Biologic Energy.
It is equal to Dynamism of potency 30 Hahnemann’s Centesimal, whose value is 18,000, therefore Dynamism 18,000 is equal to one (1) Dynamic Unit.

Dynamism

Energy, whether it be Biological or of the homeopathic remedy (see Dynamism as a Magnitude, in Magnitudes of homeopathic remedies).

Dynamization

A procedure consisting in making manifest by means of successive friction and deconcentration a latent energy in medicinal substances, capable of stimulating Biologic Energy in the direction of its balance if it is the simillimum.
The process is: Cumulative, Irreversible and almost Illimitable.
They acquire is this manner the power to cure, each one has its own capacity and different to those of the rest.

Energy Field

Condition of the surrounding space of an energy source, capable of influencing others and their fields.

Expanded Field

See Magnitudes of homeopathic remedies.

Grain

Ancient medicinal weight unit, equivalent to the weight of a fat wheat grain.
 a) Hahnemann employed the Nüremeberg grain, equivalent to 0,062 grams.
 b) The English grain is equivalent to 0.064799 grams.
 c) At present and conventionally a grain is considered equivalent to 0.065 grams.

Illness

Chronic or acute unbalance of Biologic Energy.

Infection

Invasion of the body by an unbalancing energy of the Biologic Energy, similar to that of a “magnet”, according to Hahnemann’s conception.

Inhalation

Aspiration of the remedy in a solution, or dry, with a medicinal goal.
The word “olfaction” is not applied when the goal is therapeutic.

Korsakov’s Method

Dynamizing system based on the use of a single flask, fit to be employed in dynamizing machines.
Its deconcentration is erratic, as opposed to regularity of Hahnemann’s system of multiple flasks.
It is employed in machines of very different designs which consequently produce different remedies though they be labeled with the same name and sold as the same product.

**Law of Harmony**

“There is no anarchy or chaos in getting ill, one gets ill in a way that there is always in Nature a substance when dynamized and chosen for similarity is capable of curing”.

**Law of Overstimulation**

“The more excessive the stimulus, the similar remedy produces on Biologic Energy, the less curative is its action, and vice versa”.

**Lesion**

Injury at tissue level as a consequence from severe or prolonged suffering of unbalanced Biologic Energy.

**Magnitudes of homeopathic remedies**

- **Concentrated Field**: measure of the state of the energy field with a high charge.
- **Expanded Field**: measure of the state of the energy field without a high charge, but very deconcentrated or “liberated”.
- **Dynamism**: measure of the capacity to stimulate Biologic Energy.
- **Ratio**: measure of therapeutic concordance between Concentrated Field and the Expanded Field.
- **Balance**: measure of the optimal therapeutic concordance between Concentrated Field and Expanded Field. Its value is one (1).

**Medicinal atmosphere**

Radiant energy, emitted by dry globules, that were previously impregnated with a medicinal fluid and later dried, or emitted by the fluid in which they were immersed.

**Miasma**

Transitory unbalance of Biologic Energy. Brief in character, has a spontaneous tendency to cure, though it may end in death.

The creator of homeopathy distinguished two types of acute miasma.

- a) Epidemic miasmas, at present attributed to a bacteria or a virus, already suspected by Hahnemann: “Epidemic diseases produced by a peculiarly contagious principle which is still unknown to us”.\(^{129}\)
- b) Non epidemic miasmas, which he attributed to the chronic miasma of psora becoming acute. He described them as “flames detached from the bonfire of the latent psora”.\(^{130}\)

**Miasma (Chronic)**

Permanent unbalance of Biologic Energy. Progressive in character, no spontaneous tendency towards health, incurable unless treated by the energy or curative dynamism of a similar remedy. Otherwise, sooner or later it ends in death.

Hahnemann affirmed that it is caused by an “infection”, considering the latter as an invasion of the body by an unstabling energy acting on Biologic Energy.

“A dynamic effect ... neither material nor mechanic ... as the energy of a magnet”.\(^{131}\)


Psora or the Fundamental Illness

The “oldest most widespread and destructive and the less understood”, of the three chronic miasmas described by Hahnemann, which he called “fundamental illness”. Sole unbalance, permanent and progressive of Biologic Energy, cause of almost 90% of chronic ailments of mankind.

Externally, it displays a very pruriginous eruption, not by scabies with which it is frequently confused. Hahnemann qualified the psora doctrine as “…invaluable discovery whose value for mankind exceeds all I had ever discovered…”. The remaining 10% correspond to chronic miasmas: syphilis and sycosis.

Their cure consists in achieving their latency and that requires the employment of antipsoric remedies and of Sulphur and Hepar Sulphur, to give permanence. Allopathy calls the fragments of this sole unbalance: diseases, giving them a character of independent and autonomous entities.

Ratio

See Magnitudes of homeopathic remedies.

Return

See Symptoms (Return).

Scales

Decimal (X or D): has a dilution of 1/10 and 10 shakings per potency. Has 0.5 DU at the end. Its ratio value is 10 points away from the balance value. It was created by C. Hering and not by Hahnemann as it is sometimes said, and meant a drawback in the development of dynamization in respect to the extant Centesimal scale, reason why the former seemed to regret his invention at the end of his life.

Centesimal (HC): Has a dilution of 1/100 and 10 shakings per potency. Has 1 DU at the end. Its Ratio value is 5 points away from the value of Balance.

Millesimal (LM): Has a dilution of 1/50,000 and 100 manual succussions per potency. It is incompatible with the use of dynamizing machines which use Korsakov’s method of a single flask. Must be done manually. Has 24.5 DU at the end. Its Ratio value is 20 points away from the value of Balance.

Equilibrium (Eq.): In each potency Concentrated Field and Expanded Field are balanced, and their dynamisms are submultiples or multiples of the Dynamic Unit. It is incompatible with the use of dynamizing machines which use Korsakov’s method of a single flask. Must be done manually. Has 53 DU at the end. Its Ratio value is equal to that of Balance.

Shakings

Vigorous movements of the arm which holds the flask with the remedy in solution, taking it from the opposite shoulder to the homolateral leg during the dynamization process. They have a cumulative character. Hahnemann employed this procedure for the Centesimal scale.

Succussions

Knocks with the flask that holds the remedy in solution given to a leather bound book or similar surface during the dynamization process. It has a cumulative character, same as dilution or deconcentration. Hahnemann employed this procedure for the Millesimal scale.

Symptom

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The manifestation of suffering of the unbalanced Biologic Energy.
Quoting Caroll Dunham:
“All that which differentiates the sick man from himself when he was healthy”.

**Symptoms: Aggravation**

*Increase of intensity of the present symptoms in the patient, as an effect of a dynamized remedy.*
If it is not slight, it is a sign of overstimulation.
If they appear at the onset of treatment, they are a consequence of the first stimulus of the dynamized medicine on the Biologic Energy of the patient.

**Symptoms: Pathogenetic**
The apparition of symptoms from effects of the remedy, which the patient never had, but belong to the sphere of activity of the same remedy.
If it is not transient it is an indication of an error in the choice of the remedy.

**Symptoms: Peculiar**

Those which belong to the patient and not to illness. Choosing the remedy for the peculiar physical and/or mental symptoms, for example by the modalities of aggravation and improvement and/or circumstances of apparition, the greater certainty possible is reached in choosing the similar remedy.

**Symptoms: Return**

Reappearance of symptoms the patient had previously, as an effect of a dynamized remedy.
If it is not slight, it is a sign of overstimulation.
If they appear at the end of treatment, they indicate that the patient no longer needs the remedy, because the natural illness disappeared and only the medicinal illness remained.
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